



Stony Hill Fire Rural Fire Department Volunteer Application



Stony Hill would like to take a moment to welcome and thank you for taking the time to apply. Your application will be put on file and considered with others for the position of Volunteer Firefighter. We will consider new applications on the first Monday of every calendar quarter. Stony Hill is committed to an equal opportunity policy.

Please furnish us with complete information. An incomplete application may reduce your opportunity to volunteer with Stony Hill Fire Department. You are encouraged to attach any additional information that you feels qualifies you for the position. Materials submitted in support of an application will not be returned. Please insure that you do not submit original documents.

Personal Information

Please Print in Ink

Last Name: _____ First Name: _____ Middle: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Pager #: _____
Cell Phone#: _____ Nextel ID #: _____ D.O.B _____
Social Security #: _____ - _____ - _____ Drivers Lic. #: _____ DL Classification: _____

Notify in Case of Emergency:

Contact Name: _____ Relationship: _____
Emergency Phone #'s: **Day:** _____ **Night:** _____
Work: _____ **Cell:** _____
Contact's Address: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of a crime? Yes No

If yes please explain: _____

**Feel Free to attach supplemental information sheets for anything that requires further explanation.
Reference the question on the supplemental sheet**

Employment

Date available: _____ Are You Currently Employed? _____

Current Employer: _____ Length of Service _____

Work Hours: _____

May We Contact Your Current Employer: _____

Have you ever applied to Stony Hill previously _____ if yes, date(s) _____

Employment History

Employer's Name		LENGTH OF EMPLOYMENT
Address		From _____
Phone Number	Job Title	To: _____
Supervisor	Supervisor Title	Total: _____
Principle Responsibilities (be complete)		Hrs per Week: _____
		Reason for Leaving?

Employer's Name		LENGTH OF EMPLOYMENT
Address		From _____
Phone Number	Job Title	To: _____
Supervisor	Supervisor Title	Total: _____
Principle Responsibilities (be complete)		Hrs per Week: _____
		Reason for Leaving?

Employer's Name		LENGTH OF EMPLOYMENT
Address		From _____
Phone Number	Job Title	To: _____
Supervisor	Supervisor Title	Total: _____
Principle Responsibilities (be complete)		Hrs per Week: _____
		Reason for Leaving?

Employer's Name		LENGTH OF EMPLOYMENT
Address		From _____
Phone Number	Job Title	To: _____
Supervisor	Supervisor Title	Total: _____
Principle Responsibilities (be complete)		Hrs per Week: _____
		Reason for Leaving?

EDUCATIONAL INFORMATION

Circle the appropriate answer:

Did you Graduate from High School? Yes No GED? (Y/N) _____
 if Yes, Name of School and Graduation Date _____

Did you attend a College or University? Yes No
 if Yes, highest level completed: 13 14 15 16 Masters PhD

School College, University, Technical, Vocational	Course of Study	Dates Attended	Did you Graduate	Degree Received
Name:				
Location:				
Name:				
Location:				
Name:				
Location:				

FireFighting Experience:

Departments	Dates of Service	Leave in good Standing Y/N *	Phone Number
Name:			
Location:			
Name:			
Location:			
Name:			
Location:			

*If No please explain: _____

List any other relevant courses that you have take or Certifications that you have received: _____

List any other relevant experience (Police, EMS, Military Service, First Aid, Special Operations) _____

Any other Comments: _____

References (Note - Do not list relatives as references)

Name	Address (Street, City, State, Zip)	Night Phone #
1		
2		
3		

"This information is submitted as true to the best of my knowledge. I realize that falsification of any part of this application will serve as grounds for immediate rejection of this employment application or probable immediate dismissal from employment if already employed."

Applicant's Signature: _____ Date: _____

Note: *Attach any accompanying documentation and certification(s) copies (as directed by advertisement) to this application before submission.*



Stony Hill Rural Fire Department,

Station One

7045 Stony Hill Road
Wake Forest, N.C. 27587
(919) 562-6425
(919) 562-6429 - fax

Station Two

15633 New Light Road
Wake Forest, N.C. 27587
(919) 528-9675

HEPATITIS B VACCINE CONSENT FORM

THE DISEASE

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in which some 250 will die each year. Most people with hepatitis B recover completely, but approximately 2% to 10 % become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. (Read handout for more information).

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six-month period although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity is unknown at this time.

POSSIBLE VACCINE SIDE EFFECTS

The evidence of side effects is very low. No serious effects have been reported with the vaccine. A few persons experienced tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE, PLEASE ASK.

I have read the above statement and the handout about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and the risks of hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience and adverse side effect from the vaccine. I request that it will be given to me or the person named below of whom I am the parent or guardian.

I do _____ I do not _____ want the hepatitis B vaccine immunizations.

I understand it is my responsibility to return at the designated time to complete my series of injections and the hepatitis B anti-body screen. I am not pregnant or nursing, nor do I have any viral illness at this time.

Signed – Fire Department Personnel

Date