



Application For Membership Part-Time

Job Description:

Perform specialized fire-fighting work in driving and operating firefighting equipment, combating and extinguishing fires, and maintaining equipment. Other duties include assisting with post-fire cleaning and salvage, cleaning fire station and grounds, and attending professional development training.

Knowledge, Skills, and Abilities:

Must have knowledge and ability to operate firefighting equipment and administer first aid. Must have ability to communicate effectively with co-workers and the public.

Part-Timers are Required to have the following:

- NC Firefighter Level 1 & 2
- NC Hazardous Materials Responder
- Emergency Medical Technician Basic- NC or National Registry
- NIMS 100, 200, 700, and 800
- Emergency Vehicle Driver
- Driver Operator
- High School Diploma or EVD
- Class B Drive`s License

Attached The Following To This Application:

- Valid Driver`s License
- Social Security Card
- Copies Of All Certifications

Lebanon Volunteer Fire Department

7900 Russell RD / P.O. Box 71247, Durham, NC, 27712

(919) 477-7750

Please Read Completely And Fill Out All Information Before Signing And Summiting

Date Of Application: _____ Part-Time
First Name: _____ MI: _____ Last Name: _____
DOB: _____ SSN: _____ NCDL: _____ Class: _____
Address: _____ State: _____ City: _____ County: _____
E-mail: _____ Home Phone: _____
Cell Phone: _____

Emergency Contact Name: _____
Emergency Contact Relation: _____
Emergency Contact Number: _____

Medical History: _____

Allergies: _____

Organ Donor: Y ___ N ___ Blood Type: _____

Health Care Provider: _____

Doctors Name: _____

Doctors Number: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

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Reference Sheet

Please Provide Name, Address, Contact Information, and Relationship to applicant for 3 non-relative references.

1. Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2. Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3. Name: _____

Address: _____

Phone Number: _____

Relationship: _____

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4.

I hereby certify that all the answers and statements in this application are true. I understand the objective of this department is to provide fire prevention and preservation of life and property. I will do my best to fulfill this goal. I understand that any falsification on this application is grounds for dismissal. I understand that this application will not be reviewed until all components have been received. I understand the Department has the right to deny membership based on information from background and/or driving history at the discretion of the Chief or his/her designee. I understand that as a member of Lebanon Volunteer Fire Department I must abide by the by-laws and SOG's of the department.

Signed: _____ Date: _____

North Carolina

County of Durham

The undersigned, being a firefighter in the above County and State, and recognizing the duties of a firefighter are dangerous and may result in injury or death, and realizing further that it may be difficult to prove that death was a result of injuries sustained in the line of duty in order to secure benefits provided for the survivors:

Therefore, pursuant to G.S. 90-217 in the event I shall die under circumstances that could possibly be related to firefighting activities, it is directed that an autopsy be performed on my body and that the results be made available for any action in connection with the securing of benefits due to my survivors under Local, State, and/or Federal law.

This the _____, day of _____, 20 _____

Signed: _____

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(Seal)

North Carolina

County of Durham

I, _____, a Notary Public, in and for
said County and State, hereby certify that _____,
personally appeared before me, this date and acknowledge the due
execution of the foregoing authorization.

Witness signed and Notary Seal, this the _____ day of _____, 20__.

_____ Notary Public Expires: _____

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