

COROLLA FIRE & RESCUE SQUAD, INC.

INFORMATION FOR APPLICANTS

Objectives

The objectives of Corolla Fire & Rescue Squad, Inc. are to provide fire protection, fire prevention, assistance, first responder-level medical treatment and care in natural or man-made disasters to the citizens of the Currituck Outer Banks, Currituck County, North Carolina. Nothing provided herein shall preclude the Corporation from entering into additional agreements to provide related emergency and emergency prevention services, such as water rescue and related beach services within the Currituck Outer Banks of North Carolina.

Membership

Any person of good moral character who has reached his/her eighteenth (18th) birthday and who subscribes to the purposes and basic policies of the Corporation may become a member of the Corporation subject only to the compliance of the provisions of the By-laws. Membership in the Corporation shall be available without regard to race, creed, or national origin.

Only members in good standing in the Corporation shall be eligible to participate in the activities of the Corporation, including meeting, drills or respond to calls, or to serve in any of its elected or appointed positions, if permitted to do so in accordance with the By-laws.

An applicant for membership must submit an application form, completed in full, to any member of the Membership Committee or a senior officer of the company. The Membership Committee shall present the to the Fire Chief for review and approval. If approved by the Chief, applications will be presented to the voting membership at a regular business meeting and the membership shall vote to accept or reject the applicant as a Probationary member, or as an Associate, Life or Honorary member, at that time.

The Probationary member, whose application has been accepted, will be placed on probation for three (3) months. The Probationary member must immediately work to meet the training and attendance requirements necessary to achieve Full member status. The Probationary member will be given an orientation to define his/her obligations as a member of the Department. The Probationary member(s) must attend at least two regular business meetings and two training sessions within the first three (3) months.

If a probationary member cannot meet the activity requirements in the initial period, probation may be extended for an additional three (3) months, only upon recommendation of the Membership Committee, the Chief and approval of the membership.

If at any time during the probationary period, the applicant proves unworthy of becoming a regular member, either by falsification of application information or by actions determined to be detrimental to Corolla Fire, the Membership Committee will recommend to the Board of Directors that the candidacy of the applicant be terminated. The Membership Committee will

then notify the candidate of the decision.

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INFORMATION FOR APPLICANTS (Con't)

At the end of the probationary period the successful Probationary member(s) will be presented to the membership at a scheduled business meeting. A vote will be taken to approve the candidate as a regular member of the Fire Department. The voting procedure will require a majority approval by the regular membership present at the meeting. Once accepted, the new member shall be required to sign the Oath of Commitment to Corolla Fire & Rescue in the presence of the membership.

The Oath of Commitment to Corolla Fire and Rescue:

I (name) promise to obey the rules and regulations of Corolla Fire and Rescue to the best of my ability and to follow the requests or directions given to me by the Officers of Corolla Fire and Rescue in the execution of my duties as a volunteer firefighter and to conduct myself at all times in a manner befitting my fellow firefighters and Corolla Fire and Rescue.

Full (Active) Member:

A member who has served the necessary probationary time, and has accumulated the necessary hours of training and other requirements defined below, shall be considered a Full member. A Full member shall be entitled to all the privileges of Corolla Fire and Rescue.

A Full member will have his/her name entered on the roster of full members posted in the fire house. He/she will be entitled to all privileges and be subject to all the duties of full membership. To be a Full member one must have a minimum of thirty-six (36) hours of training, drills and meetings as required by the State of North Carolina, the North Carolina State Fireman's Association and Corolla Fire and Rescue. Any member not consistently meeting these conditions shall be subject to review by the Membership Committee, and subject to loss or change of status as defined below.

There shall be two (2) types of Full members: firefighters and support personnel.

Firefighters shall consist of those individuals who are physically and medically capable of entering burning buildings and/or actively participating in other firefighting and emergency activities. Among these activities are: nozzleman, hoseman, search and rescue personnel, fire extinguisher specialists, arson investigators, salvage personnel, drivers and pumper/tanker, aerial operators and Rehab functions.

Support personnel shall consist of those individuals who, while belonging to the Corporation, become incapable of serving as firefighters because of age and/or physical or medical handicap, but who can perform functions requiring a lesser degree of physical activity. Among these activities are: traffic control, manning the station during emergencies, driver, certain Rehab functions, photographer/recorder, and persons having administrative experience.

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Full (Active) membership requires the following:

- (a) A minimum of one year of membership in the Department.**
- (b) Regularly attend meetings, both business and training. Members must attend at least 50% of Departmental meetings annually.**
- (c) Achieve at least thirty-six (36) hours of drills, FF I and II skills training and training meetings each year.¹**
- (d) Regularly respond to and participate in fire calls and other emergencies.**
- (e) Participate regularly in apparatus, equipment, station specific training or maintenance and other duties assigned by the Chief.**
- (e) Will be issued all appropriate Turnout Gear, as a Firefighter, or approved "REHAB" gear as a member of the REHAB Group.**

All Full members, meeting the criteria as of the end of a calendar year, will be eligible to participate in the North Carolina Firemen's and Rescue Squad Worker's Pension Fund (Pension).

Any Full member failing to attain the required thirty-six (36) hours of drills, FF I and II skills training and training meetings as of the end of the calendar year shall revert to Associate member status. Said members may be placed in Probationary status until re-establishing Full member requirements.

Background Check

Corolla Fire & Rescue will conduct a background check and a driving license check on each new applicant.

COROLLA FIRE & RESCUE SQUAD, INC.
APPLICATION FOR MEMBERSHIP
(Please Print)

Full Name	/ /
Mailing Address	/ /
City, State, Zip	() - Home Phone Number
() - Cell Phone Number	() - Work Phone Number
E-Mail Address	

Do you have any known disabilities? Yes or No (circle one)
If yes, please describe below:

I am willing to participate in the following (please check all that apply):

- | | |
|--|---|
| Building Cleanup <input type="checkbox"/> | Serve on Committees <input type="checkbox"/> |
| Business Meetings <input type="checkbox"/> | Serve with Rehab Group <input type="checkbox"/> |
| Clean Fire Trucks <input type="checkbox"/> | Training Functions <input type="checkbox"/> |
| Fund Raising Activities <input type="checkbox"/> | Yard / Property Upkeep <input type="checkbox"/> |
| Respond to Fire Calls <input type="checkbox"/> | Other tasks as may apply <input type="checkbox"/> |

I, the undersigned applicant, have reviewed and understand the “Information for Applicants” statement which outlines the membership criteria of the Corolla Fire & Rescue Squad.

Signature of Applicant	/ / Date of Application
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COROLLA FIRE & RESCUE SQUAD, INC.

PERSONNEL FILE

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____ - _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-Mail: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

Driver's License Number: _____ State: ____ Class: ____ Expires: ____/____/____

Employer: _____

Address: _____

City: _____ State: ____ Zip: _____ - _____

Contact Information In Case of Emergency:

Last Name: _____ First Name: _____

Relationship: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____ - _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Beneficiary Information:

Beneficiary: 1st _____ 2nd _____

Name

Name

Membership Information:

Membership Effective Date (date voted on by Membership): _____

CFR Number Assigned: _____

Termination Information:

Date Terminated: ____/____/____

Date Revised: July, 2015

Reason for Termination: _____