

Canebrake Fire Department 100 Hillside Church Road Fountain Inn, SC 29644 (864) 862-0128

Application for Membership

Thank you for your interest in becoming a member of the Canebrake Fire District, a combination fire department compromised of volunteer and paid members working together to serve the residents and businesses of Greenville County. We welcome all who are interested in volunteering their time and talents to this innovative department. Our ranks of membership include those interested in serving as firefighters, and those who may wish to give something back to their community by volunteering their administrative and support expertise to the fire department. No experience is required. In the event you have any questions about the application for membership, the Canebrake Fire District, or learning more about how you can volunteer your time to our community, please call (864) 862-0128, stop by our station, or send an e-mail to chief@canebrakefd.com. We are looking forward to hearing from you. On completion of this application, please return it either by mail to the address above or stop by the station to drop it off.

Please Select One:	Full-Time Firefighter	
	Part-Time Firefighter	
	Volunteer/Paid-Per-Call	
	Support	

Date	of	Ap	plicati	ion:	
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PERSONAL INFORMATION

State:	Zip Code:		
how long at above address:			
State:	Zip Code:		
Age: Sex:	;		
State of License:	Exp. Date:		
if married, spouses name _			
f, pleaded guilty or "no conte	est" to a crime? Yes or No If		
MERGENCY CONTACT			
Relationshin			
Phone #:			
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	State:how long at aboveState:State:Sex:State of License:if married, spouses nameF, pleaded guilty or "no context." MERGENCY CONTACTRelationship		

EMPLOYMENT INFORMATION

Present Employer:			
Address:			
City:	State:	Zip Code:	
Occupation:	Phone #:		
Will your present employer a	llow you to respond to dayt	ime calls? Yes No	
	EDUCATION		
Name of last school attended:			
Highest grade, level, or degree	achieved:		

MEDICAL

Your family doctor: _			
Doctor's address & P	hone #:		
Have you had a Hepa	ıtitis B vaccinat	tion within 10 years	s? Date:
Blood Type:	J	Have you ever been	refused employment for health
reason? Yes	No	Have you ever b	been disqualified for duty in the
armed forces? Yes	No	The essential j	job functions of a firefighter in th
Canebrake Fire Dis	strict include, b	ut are not limited to	the following: climbing, lifting
heavy objects, drag	ging, pulling, w	vearing heavy protec	ective and respiratory equipment,
carrying and operati	ng heavy rescu	e tools, working for	r prolonged periods in potentially
hazardous and e	nclosed enviror	nments, working in	darkness or environments of
temperature	extremes, eleva	ated levels of stress	s, and at elevated heights.
Are you able to succe	ssfully complet	te these essential fu	unctions with or without
reasonable accommod	dations? Yes	No	Not Applicable
Please Initial	If reason	nable accommodation	ons are required, please provide
full details:			

PRIOR EXPERIENCE

Have you ever been or are	you currently a	member of another fire company, ambulance,
or rescue squad: Yes	No	if yes, please complete the following:
Company Name:		
Address:		
Position(s) Held:		
Contact Name & Phone #:		
List below the fire, rescue,	emergency, haz	zardous materials classes, courses, and
seminars completed. Pleas	e use additional	sheets if necessary. Please also attach copies of
all certificates received for	classes comple	ted.

AUTHORITY TO RELEASE INFORMATION

Applicant's Name:		
Date of Birth:	Social Security #:	
Address:		
City:	State:	Zip:
Phone #:	E-Mail Address:	
Driver's License #:	State:	Exp. Date:
I certify that the facts cont	tained in this Application are true and	d correct to the best of my
knowledge. I fully underst	tand that any false statement will be	considered as justifying
grounds for denial of men	nbership or subsequent dismissal. I h	ereby authorize any
criminal justice officer, or	r other authorized representative of th	ne Canebrake Fire
Department bearing this re	elease, to obtain any and all informat	tion available from my past
and present employers, cre	edit references, criminal records, and	l medical records. I request
that the custodian of recor	rds, in each case, permit my records t	to be examined, copied, or
otherwise reviewed. I here	eby release and hold harmless any su	ch authority, including its
employees or related perso	onnel, both individually and collective	vely, from any and all
liability from damages of	whatever kind which may at anytime	e result to me, my heirs,
family, or associates becau	use of compliance with this authoriza	ation and request to release
information. I fully unders	stand that if accepted, my membersh	ip is governed by the
Charter, By Laws, and Sta	andard Operating Procedures of the C	Canebrake Fire District. All
Information obtained will	be held in strictest confidence.	
Applicant's Signature:		