

White County Volunteer Application Process

1. Application packets for volunteers shall be picked up from the Board of Commissioners Office Administrative Building 1235 Helen Hwy. Cleveland, GA 30528
2. Applicants must complete the packet and provide the following documentation:
 - Application (pg 2-5)
 - Complete the Criminal History & Motor Vehicle Record Consent Form (pg 6 & 7)
 - Complete Medical Affidavit form (pg 8 & 9)
 - Copy of **Valid Georgia Driver's License**
 - Copy of **High School Diploma or General Equivalency Diploma**
 - Copy of his/her **Valid Personal Vehicle Insurance Card or Policy**
 - Copy of any relevant **Certificates of Training or Certification**
3. Application is reviewed by HR for missing and/or required data. (NOTE: Failure to supply all required information will result in a rejected application.)
4. HR will complete MVR and Criminal Background.
5. HR will send complete packet to Fire Headquarters Office through inter-office mail for review and interview, by Fire Division Chief and/or Director.
6. After complete package is reviewed by Fire Division Chief and/or Director and the decision is made to continue applicant through the process, Admin. Assistant will complete payroll change notice signed by the Division Chief.
7. Division Chief or Director will meet with County Manager and provide all documentation and request approval to proceed with applicant.
8. If approved (by all parties including County Manager), complete packet will be given to HR. HR will contact the applicant and schedule alcohol/drug screen process.
9. HR will receive results and notify headquarters office. HR will schedule a meeting for applicants paperwork completion (in conjunction with headquarters office – as applicant will go to Fire Headquarters after HR paperwork).
 - Email will be sent to all parties affective of date applicant is scheduled
 - During competition of paperwork, email will be sent to ACCG to add to WC
10. The Chief will assign the candidate to the appropriate station and notify the station officer. The applicant will spend 45-days and/or four meetings (whichever comes first) with the station assigned, completing a series of tasks and check list administered by the station officer, after which the station members shall vote the acceptance or denial of said applicant.
11. The Administrative Assistant will be notified of the acceptance or denial. The applicant will receive a written confirmation of acceptance or denial as a volunteer. Administrative Assistant will notify HR of final disposition.
12. Once the applicant has submitted proof of prior training and/or completed a basic training program (Mod 1 or higher and/or First Responder or higher), received station assignment, and equipment issued, then that member is eligible to respond to alarms and receive compensation. Should the volunteer have none of the above training on file AND responds to a call, it would be in a support role and can only operate “out of harm’s way”.
13. The Chief or Director shall have final approval of the applicant seven (7) calendar days from assignment.
14. All personnel shall serve a six (6) month probationary period.

White County Government
Human Resources Office
1235 Helen Hwy
Cleveland, Georgia 30528

Telephone: (706) 865-2235
Fax: (706) 865-1324

APPLICATION FOR VOLUNTEER FIREFIGHTER

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status the presence of a disability or any other legally protected status.

Personal Data

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code

E-mail Address

Telephone:

Cell

Residence

Social Security Number

Do you understand that you are applying for a volunteer position and will be paid a nominal fee on a per call basis? No Yes
Are you 18 years old or older? _____ Are you eligible to work in the United States either because you are a U. S. citizen
or have U.S. government permission to do so? No Yes

NOTE: If offered this position you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No Yes If yes, when and where?

Give name, relationship, & department of any relatives currently employed with White County Government

Are you able to perform the job duties listed for a volunteer firefighter without an accommodation?

Yes No If no, what accommodation is needed? _____

A valid driver's license is required for volunteering, do you have a valid driver's license? No Yes

License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? No Yes If yes, type of offense and dates:

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law?
(Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).

NO Yes If Yes, give complete details: (Date, Place, Charges, Disposition) _____

NOTE: A conviction will not necessarily bar you from volunteering. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

"We are an Equal Opportunity Employer"

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. Have you ever been disciplined, fired, or asked to resign from any job? No Yes If yes, why? _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:
From _____ to

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties:

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:
From _____ to

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties:

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:
From _____ to

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties:

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

(Please duplicate this page if needed)

Applicant's Certification and Agreement
Authorization to Release Information
Conditions of Volunteering

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am accepted by the White County Government, I agree to conform to the policies, rules and regulations of the government set forth in the White County Government's policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by White County at any time, at the White County's sole option.

I further acknowledge that if I become a volunteer with White County Government, my volunteer status will be at-will and may be terminated with or without cause at any time by me or by White County.

If required by White County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

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****White County Government is a Drug Free Workplace****
Alcohol and Controlled Substance Testing

As a condition of volunteering with White County Government, you will be required to submit to an alcohol and controlled substance screening test. In order to volunteer, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying. Volunteers must, as a condition of volunteering, abide by the White County Substance Abuse / Drug Testing Policy. Volunteers who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be accepted as a volunteer with White County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.**

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: _____ Signature: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ White County Sheriff's Office _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90 (ninety) days from date of signature.

I, _____, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

A Copy Of Photo Must Be Attached

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

NON-CRIMINAL JUSTICE PURPOSES

<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records

PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)

<input type="checkbox"/>	U – Personal Copy
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CRIMINAL JUSTICE EMPLOYMENT

<input type="checkbox"/>	J – Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (check all that apply)

Wanting Agency Name: _____

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Telephone: _____

Agency Designee Signature and title _____

Date _____

WHITE COUNTY HUMAN RESOURCES DEPARTMENT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a White County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the White County Human Resources Department, to obtain any information in my files pertaining to my driving record for the time period indicated below on an annual basis upon hire.

This release is executed with full knowledge and understanding that the information is for official use of the White County Human Resources Department for the purpose of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the White County Human Resources Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

Full Name: _____ Male Female
(Print)

Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____

Driver's License Expiration Date: _____ Request: Three-year _____ Seven-Year _____

Signature: _____ Date: _____

***All applicants applying for positions requiring the operation of a county vehicle (or a personal vehicle, as required) must provide a satisfactory three year driving record upon notification.**

Routinely Assigned Duties - Fire Services Division Personnel

Firefighters and Emergency Medical Responders are routinely expected to safely and effectively perform the following tasks under emergency and non-emergency conditions. Tasks require the ability to exert strenuous physical effort in work which may include some lifting, carrying, pushing and/or pulling of objects of moderate to heavy weight (50-200+ pounds) for sustained periods of time. Duties require the ability to operate a motor vehicle, various medical equipment, and hand tools. Operating in difficult terrain, confined spaces, and exertion for climbing steps or walking extended distances (+ or - 1 mile) are often required of this position.

Essential functions are regularly performed with exposure to adverse environmental conditions including inclement weather. Duties may involve exposure to substances (chemicals and gases) requiring special precautions including protective clothing and self-contained breathing apparatus. The work environment routinely involves imminent danger from conditions which cannot be fully anticipated or protected against, and which exposes the incumbent to life-threatening situations.

The classification should not be interpreted as all-inclusive. It is intended to identify the major responsibilities and requirements of this job. The incumbents may be requested to perform job-related responsibilities and other tasks than those stated in this specification.

Acknowledgement:

_____ **Physicians Initials**

Date:

MEDICAL AFFIDAVIT
WHITE COUNTY FIRE DEPARTMENT
1241 Helen Highway, Suite 140
Cleveland, GA 30528 706-865-3855

O.C.G.A. 25-4-8(a)(5) requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

O.C.G.A. 25-4-31(a) requires that any person assigned as an airport firefighter at any airport shall, as a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighter Standards and Training Council.

NOTE TO MEDICAL PERSONNEL:

This applicant will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia including but not limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations, firefighters may be required to make decisions that could have serious consequences to life and property.

_____ is applying to become a volunteer/certified firefighter. I have examined _____ and to the best of my knowledge, this person is in good physical condition.

Physician, Physician Assistant, Nurse (operating under a physician's authority) NAME – please print

Address

Authorized Signature

Date