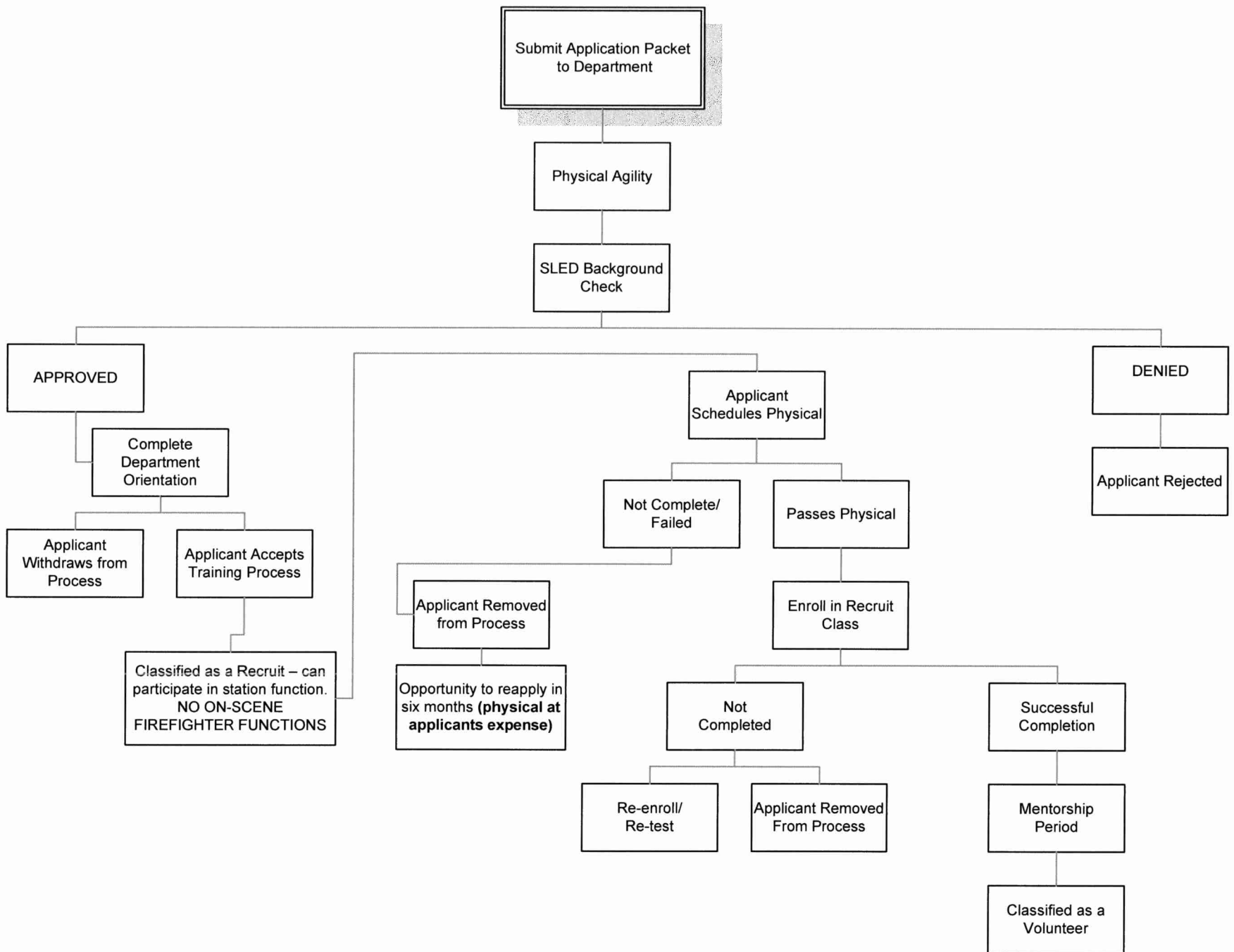




# **HORRY COUNTY** **FIRE RESCUE**

# **VOLUNTEER** **APPLICATION** **PACKET**



## ***Horry County Fire Rescue***

Support Services Division  
2560 North Main Street, Suite 1  
Conway, South Carolina 29526



Division Chief John W. Tyler  
Chaplain/Volunteer Coordinator  
Office: 843.915.5190  
Cell: 843.455.2519  
Fax: 843.915.9196  
Email: [tylerj@horrycounty.org](mailto:tylerj@horrycounty.org)

## ***Volunteer Application Process***

### **Pre-Physical and Bloodwork Instructions**

- You must bring your driver's license or a picture ID with you to the physical site.
- Ten (10) hours prior to your physical, you should not eat or drink anything. If you have to have something, **drink water**. You may have all the water you need.
- Avoid (ETHOL) alcohol the day before your physical.
- Avoid strenuous exercise the day before your physical (running).
- Avoid diet of fried fatty foods the day before your physical.
- Avoid as much salt intake as possible prior to your physical.
- Avoid creatine and/or other body building substances 2 to 3 days prior to your physical.
- Avoid an excessive amount of Ibuprofen and Tylenol (2 every 4 hours), and/or Advil (1 every six hours).



# HORRY COUNTY FIRE RESCUE

## VOLUNTEER APPLICATION

2560 North Main Street  
Conway, SC 29526  
Phone: 843.915.7059 Fax: 843.915.6196

*"Volunteers prepared to serve their communities and Horry County with honor and dedication"*

### PLEASE PRINT CLEARLY

Volunteer Position Applying For:  Firefighter  Dive Team  Fire Corps Personnel

**For Office Use Only** Station Assigned: \_\_\_\_\_ Employee Number: \_\_\_\_\_

### PERSONAL INFORMATION

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: Mr. Mrs. Ms. \_\_\_\_\_  
First Middle Last

Physical Address \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) - - Cell ( ) - - Work ( ) - -

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) - -

Have you ever been a Volunteer or Employee of Horry County?  Yes  No  
If yes, what station did you serve? \_\_\_\_\_ What department? \_\_\_\_\_

Drivers License # \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Issuing State \_\_\_\_\_

Have you ever been convicted of a: Felony?  Yes  No  
Misdemeanor?  Yes  No  
Any major traffic infractions?  Yes  No

If yes, please explain and provide date: \_\_\_\_\_

### EDUCATION HISTORY

Do you have a High School Diploma or GED?  Yes  No

Are you currently certified in the State of South Carolina as:  
 First Responder  EMT  EMT-I  Medic  Firefighter

Do you have any of the following certifications through IFSTA, Pro Board or the SC Fire Academy:  
 EVOC  POV  OSHA  HazMat Ops  EVDT  Pump Ops  Firefighter I  Firefighter II

Please supply copies of any of your current certifications (including CPR) with your application, whether certified in the State of South Carolina or out of state.

Are you presently employed?  Yes  No If yes, where? \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_



# South Carolina State Firefighters' Association

## Designation of Beneficiary Form

Department: \_\_\_\_\_

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Primary Beneficiary Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Second Beneficiary Name: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Member's Signature \_\_\_\_\_ Date

**Please Maintain This Form at Your Fire Department**

**South Carolina Firefighter Registration Act**  
**Request for Criminal Record Review**

Name: \_\_\_\_\_ (Full Given Name)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Expires: \_\_\_\_\_

Race: \_\_\_\_\_ Sex:  Male  Female

I, \_\_\_\_\_ (Print Name), do hereby grant approval for

\_\_\_\_\_ Horry County Fire Rescue to inquire and receive any and all criminal information  
pertaining to me.

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Authorized Signature) (Date)

Mail Request To:  
S.L.E.D. Records  
PO Box 21398  
Columbia, SC 29221-1398  
Phone: 1.803.737.9000  
Fax: 1.803.896.7022

S.L.E.D. Should Return  
Information To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reports Should Be Returned  
To The Fire Department – Not  
To The Fire Marshal's Office.

\*Note to Fire Departments:  
Please Include a Self-Addressed  
Envelope For Return of Report  
From S.L.E.D.