820 S. Anderson Blvd.
Topsail Beach, NC 28445
Telephone (910)328-2980
Fax (910)328-0763

Membership Application

Name _____ Date _____

Address _____
_____
_____

Phone Number:
Home _____
Cell _____
Work _____

DOB _____

Social Security Number:

_____-_____-_____

Drivers License Number _____

Occupation Length of Employment _____

Employer & Location _____

Previous Employer _____

Previous Fire Related Experience _____

Volunteer Fire Department Acknowledged Requirements

I acknowledge and understand the application to become a firefighter with the Topsail Beach Volunteer Fire Dept. requires the following:

(1) Attendance at Three Consecutive Fire Dept. Meetings
(2) Approval by Fire Dept. Membership
(3) Drivers License & Background Check
(4) Approval by Town Manager
(5) Pass Physical Examination

All Applicants will be subject to a 6 month probationary period with a review at completion by the Chief and Dept. Officers. A probationary member can be dismissed during the probationary period without cause. After an acceptable review from the officers at the end of the 6 month period the applicant will be eligible for enrollment in the town health insurance policy.

820 S. Anderson Blvd.
Topsail Beach, NC 28445
Telephone (910)328-2980
Fax (910)328-0763

There will be additional training required after becoming an active member of the fire dept. Firefighters will be required to:

(1) Attend and pass first available certification class for Haz-Mat Level 1 Responder.
(2) Work toward NFPA 1403 certification
(3) Follow rules set forth in the Topsail Beach Code of Ordinances Chapter 6 Fire prevention and protection

Being a Firefighter is an emotional challenging job and provides you with self-respect and self-satisfaction. Firefighting requires training and demands team effort and respect from each individual firefighter in the department.

I have read these requirements and agree to them.

Date_____

Signature of applicant_____

820 S. Anderson Blvd.
Topsail Beach, North Carolina 28445
Telephone (910) 328-5841
Fax (910) 328-1560

Topsail Beach Volunteer Fire Department

Medical Disclosure Statement

I _____, do hereby voluntarily agree to submit to a physical examination, as administered by the Holly Ridge Health Associates, as a pre-condition as my acceptance and approval as a member of the Topsail Beach Volunteer Fire Department. Furthermore, I authorize the examining physician to release the results of this physical examination to the Town of Topsail Beach for their use in the determination of my acceptance as a member of that fire department

It is my understanding that the physical examination must be performed at the Holly Ridge Health Associates and the cost of said examination shall be paid by the Town of Topsail Beach.

Signed _____

Date _____

TOPSAIL BEACH VFD
MEDICAL SURVEY

Name _____

ID # (Call #) _____

Allergies _____

Medications _____

Medical History _____

_____

S.S.N _____ _____ _____

Blood Pressure _____

Base Line _____

Pulse _____

D.O.B. _____

Male/Female _____

Blood Type _____

Next Of Kin & Emergency Contact Number _____

_____

Physician's Name & Phone Number _____

_____

Organ Donner Yes/No _____