



GEORGETOWN COUNTY FIRE/EMS
3605 HIGHMARKET STREET
GEORGETOWN, SC 29440
(843) 545-3271

**APPLICATION FOR VOLUNTEER MEMBERSHIP
SOG 101.01**

STATION _____ DATE PRESENTED _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

PHONE NUMBER (HOME) _____ (WORK) _____

DATE OF BIRTH ____ / ____ / ____ SSN _____ DL # _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ BLOOD TYPE _____

EMPLOYED BY: _____

WHAT TYPE OF WORK DO YOU DO? _____

SUPERVISORS' NAME: _____

LIST THREE REFERENCES NOT RELATED, PAST OR PRESENT EMPLOYERS

NAME	ADDRESS	PHONE
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1. _____

2. _____

3. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NOT TO INCLUDE TRAFFIC VIOLATIONS.

IF YES, EXPLAIN _____

LIST ANY TRAFFIC VIOLATIONS IN THE LAST FIVE YEARS. EXCLUDE PARKING TICKETS



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SOG 150.01

Junior Firefighter Parent Release

Junior Firefighter:

I _____ have read and understand the Georgetown County Emergency Services Standard Operating Guideline, Rules and Regulations section, SOG 150.00. I agree to adhere to these rules at all times in order to be a member of the Department. Violation of these rules will result in actions described within SOG 150.00.

Signed: _____

Date: _____

Parent or Guardian:

I _____ have read and understand the Rules and guidelines established for The Georgetown County Emergency Services Junior Firefighter program. I understand that my child, _____ will be subject to probation, disciplinary action and/or dismissal from the program if there is a violation of SOG 150.00.

Signed: _____

Date: _____