

Port Wentworth Fire Department

**317 Cantyre Street
Port Wentworth, Georgia 31407**

Application for Volunteer Fire Fighter

APPOINTMENT

The Fire Chief shall receive all applications for the position of Volunteer Fire Fighter. Applicants must live within the City of Port Wentworth.

DUTIES

The fire fighter shall respond to emergency calls involving fires, hazardous materials, and vehicle accidents; evaluates scene upon arrival; may direct traffic and control crowds. Provides control of fire situation including suppression and extinguishments, forcible entry, ventilation, search and rescue of victims, salvage and overhaul. Selects and properly operates fire service tools and equipment including fire hoses, nozzles, appliances, and vehicles. Performs other related duties as required.

QUALIFICATIONS

The minimum qualifications for Volunteer Fire Fighter are:

- 1. High School Diploma or G.E.D.**
- 2. Must be between the ages of 21 to 55.**
- 3. Must have a valid Georgia driver's license with an acceptable driving history.**
- 4. No felony convictions.**
- 5. No misdemeanor convictions involving a pattern of criminal behavior.**
- 6. Must not have been dishonorably discharged from the Armed Forces.**
- 7. Must successfully complete a medical evaluation.**
- 8. Must successfully complete a drug screening.**

INFORMATION

Today's Date: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Age: _____

Work Address: _____

Average Work Schedule: _____

Do you have Firefighting experience? _____

If yes, where? _____

Do you have Medical training? _____

If yes, where? _____

Port Wentworth Fire Department meetings are on Tuesday nights at 7:00 PM at the Headquarters located at 317 Cantyre Street. We will have one Saturday morning drill each month. You will be asked to make at least two meetings each month to retain benefits.

A criminal history will be performed on each applicant. Please read and sign the attached form in front of a Notary.

Port Wentworth Fire Department

Criminal History Consent Form

I hereby authorize the Port Wentworth Fire Department to receive any criminal history record information pertaining to me that may be in the files of any State or local criminal justice agency in Georgia.

PLEASE PRINT ALL INFORMATION

Your Full Name: _____

Address: _____

Sex: _____ **Race:** _____ **D.O.B.** _____

Social Security Number: _____

Signature: _____

Notary

Date: _____