



Darlington County Fire District  
137 N. Center Rd  
Hartsville SC 29550  
Phone (843) 339- 9098 Fax (843) 339- 9289



APPLICATION FOR **VOLUNTEER** MEMBERSHIP

**INSTRUCTIONS:** This application must be filled out in detail. Failure to complete all sections or to sign this form may cause delays or disqualifications. This application should be returned to our headquarters office with a certified ten year driving record.

**QUALIFICATIONS:** Upon review of an application we must find:

- No felony convictions in the last 10 years
- No Arson or fire related crime convictions ever
- No more than four points or one at fault traffic accident in one calendar year, for the last five years as guided by the Darlington County Safety Policy

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Name

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Address

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City State Zip

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Date of Application

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Date Available

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Primary Phone Number

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Alternate Phone Number

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Darlington County is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices based upon race, sex, color, religion, national origin, age or disability. No question on this application is asked for the purpose of excluding any applicant on the basis of race, sex, color, religion, national origin, age or disability.



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**General Information-**

Are you 18 years or older?		
Social Security Number		
Do you have a valid driver's license?		
State	Number	Exp Date
Have you worked for or with the county before? When?		
Are you a U.S. Citizen?		
Are you an alien lawfully authorized to work in the U.S.?		

**Education-**

What is your highest level of education?		
Some High School	High School Diploma	
Some College	College Degree	
High School Equivalency Test (GED)	Date Passed	State Awarded
List any other information about your education, training, accomplishments, skills, and or abilities you feel would be a benefit to the Darlington County Fire District:		

**Military Service-**

Branch	Rank
Date Entered	Date of Discharged
Duties while in service	
Type of Discharge	



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**PERSONAL REFERENCES-**

Below, list three responsible people, who you have known for at least three years, and will serve as a reference for you.

Name	Address	Phone	Occupation

**Professional History-**

Below, list any previous or current emergency departments you have worked for either paid or volunteer.

Department	Phone	Position	Supervisor

- I understand that if employed as a volunteer by Darlington County, I may terminate my employment at any time for any reason or for no reason and that the county will have the same right.
- I understand that my employment may be terminated for giving false answers on this application.
- I hereby authorize the county to investigate my background, including, but not limited to, education, references, and prior experience.
- I hereby release Darlington County and references named herein, from liability or damage resulting from providing information requested.
- I agree that acceptance of this application does not obligate Darlington County to employ me or indicate that there are any positions available.

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Signed

Date