

City of Beaufort/Town of Port Royal Volunteer Firefighter Application

Thank you for your interest in becoming a volunteer firefighter within the City of Beaufort/Town of Port Royal Fire Department.

If you are interested in a career in the fire service, becoming a volunteer firefighter is a great place to start. The City of Beaufort/Town of Port Royal Fire Department has hired many from within the volunteer ranks and currently employs many members who once began as volunteer firefighters. As a volunteer firefighter, you will have the opportunity to receive the same training as full-time members.

IMPORTANT INFORMATION

- FILL OUT THE APPLICATION COMPLETELY; INCOMPLETE, ILLEGIBLE APPLICATIONS **WILL NOT** BE PROCESSED.
- INCLUDE A COPY OF YOUR **DRIVER'S LICENSE** AND **HIGH SCHOOL DIPLOMA**.
- **PHYSICAL AGILITY TEST** July 12, 2025, 7:45 am AT CENTRAL HEADQUARTERS 135 RIBAUT RD.
- **BASIC TRAINING** STARTS August 2, 2025, and ends November 15, 2025. Class times are Tuesday and Thursday, 6:00 pm-10:00 pm, and Saturday, 9:00 am-6:00 pm. Candidates must have 80% attendance to be eligible for course completion.

If you are ready to become a volunteer firefighter, please complete the attached application and return it to our Headquarters Fire Station at 135 Ribaut Road, Beaufort, SC 29902.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE VOLUNTEER PROGRAM COORDINATOR.

Adam Jordan at ajordan@cityofbeaufort.org

Devin Mitchell at dmitchell@cityofbeaufort.org.

PLEASE RETAIN THIS SHEET FOR YOUR RECORDS

City of Beaufort/Town of Port Royal Fire Department

Application for Membership

Please complete all fields of the application; incomplete applications will not be accepted.

Please print clearly.

Date of application: _____

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ DL # _____ Class: _____ State: _____

Home Phone: _____ Mobile Phone: _____

Sex: _____ Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Do you have any physical, mental, or medical impairments or disabilities that would limit your job performance for the position in which you are applying? Yes: _____ No: _____

If you answered yes, please explain:

Who should we notify in the event of an emergency?

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Name of your current employer: _____

Name and title of Supervisor: _____

Supervisor's phone number: _____

Please list three references who are not relatives or previous supervisors:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

How long have you lived at your present Address? _____

Previous Address: _____

How long did you live at this Address? _____

Have you ever been convicted of a crime, excluding minor traffic violations? Yes: ____ No: ____

If yes, please explain in detail:

The City of Beaufort/Town of Port Royal Fire Department is a drug-free workplace and is subject to periodic drug testing. Do you understand and accept these conditions? Yes: ____ No: ____

Have you had a major illness in the last five years? Yes: ____ No: ____ If yes, please describe:

Do you need any physical accommodations to perform physical tasks as firefighters do?

Yes: ____ No: ____ If yes, please describe accommodations and specific work limitations:

How did you hear about our reserve program: Facebook: ____ Instagram: ____ Twitter: ____ Friend: ____ South Carolina State Firefighters Association: ____ Other (Please describe):

Please read the following statements carefully and initial on the line following each.

I certify that all answers given herein are true and complete to the best of my knowledge. ____

I hereby authorize the City of Beaufort/Town of Port Royal Fire Department to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statement or answer has been made, I accept this as sufficient grounds for rejection as a reserve firefighter. ____

In the event of acceptance, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations promulgated by the City of Beaufort/Town of Port Royal Fire Department. ____

I authorize and request each former employer, person, firm, or corporation given as a reference to answer any and all questions related to my past work performance and character. _____

I agree to submit myself, upon request, for a physical examination by a physician selected by the City of Beaufort/Town of Port Royal Fire Department. I understand that failure to meet the physical requirements may disqualify me from the reserve program. _____

I understand that I am covered by the Workers' Compensation Fund during the time I am actually working as a reserve firefighter and performing duties under the direction of the Fire Chief or his designee. In case of injury, during this time, I am eligible for 37 ½ percent of the average weekly wage in the State for the preceding fiscal year as determined by the Workers' Compensation Fund. _____

Applicant Signature: _____ Date: _____

Background Check Information

Please print all information clearly.

Name: _____

Race: _____

Sex: _____

Date of Birth: _____

Social Security Number: _____

I authorize the release of any criminal history information from any law enforcement agency to the City of Beaufort/Town of Port Royal Fire Department. I understand that background investigations are required to process my application.

Signature of Applicant: _____ Date: _____

Medical Records Release

I certify that I have reviewed the forgoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize the doctors, hospitals or clinics mentioned above to furnish the City of Beaufort/Town of Port Royal Fire Department a complete transcript of my medical record for the purpose of processing my application for membership with the department.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____