



CHIEF GREG HOCKADAY  
BRASSFIELD VOLUNTEER FIRE DEPARTMENT  
1680 N.C. HWY 96  
FRANKLINTON, N.C. 27525  
(919)528-2833

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## **Applicant Information Release form**

I, the undersigned applicant, release all information requested by Brassfield Volunteer Fire Department for the sole purpose of volunteering, to include but not limited to Driving Records, Criminal Records, and Past Employment History.

**Applicant Name (Print)** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_



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### Volunteer Application

Position Applied for:  Firefighter     Firefighter & First Responder

#### Applicant Information

Full Name: \_\_\_\_\_ Date \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Other Number ( ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race: \_\_\_\_\_ Sex:  M  F

Do you have a NC driver's license?  YES  NO Driver License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Are you a citizen of the United States? YES NO

Have you ever Volunteered for Brassfield? YES NO

Have you ever Volunteered for another Department? YES NO  
  If so, when and with whom? **You need a letter of recommendation from the Chief of the Dept.** \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

Are you bi-lingual?  YES  NO If Yes, what Languages? \_\_\_\_\_

Are you? Married \_\_\_\_\_ Single \_\_\_\_\_ If yes, what is your spouse's name? \_\_\_\_\_

#### General Information Questions

Can you attend Fire / First Responder calls?  Day Time  Nighttime  Both

Can you attend meetings, training drills, & EMT Con-ed as scheduled?  YES  NO

Can you attend Firefighter / First Responder training schools?  YES  NO

**Can you attend Annual Fund Raiser in September? (First Sat. after labor day)**  YES  NO



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**Medical Information**

Do you have any impairment, physical, mental, or medical that would prevent you from functioning in the position that you are applying for?  YES  NO  
 If yes, explain: \_\_\_\_\_

Are you willing to take a physical examination and/or a drug screening if requested by Brassfield Volunteer Fire Department  
 YES  NO

Physical Information: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Condition of health: Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

Any trouble with: Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Hernia: \_\_\_\_\_

Any defects in: Speech:  YES  NO Sight:  YES  NO Hearing:  YES  NO

**Education**

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

**References**

*Please list three professional references NOT related to you.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_



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**Employment**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 May we contact your current supervisor for a reference? YES  NO

**Military Service**

Are you actively serving in the armed forces or reserves?  YES  NO  
 IF YES:  
 Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** After you have completed this application, you **MUST** provide a current driver license report (at least 7 years) use this web site [ncdot.gov/driving record](http://ncdot.gov/driving record) it will cost around \$10.75 or more. A criminal record check will be done once you are on the department. They **MUST BE certified reports that come from the courthouse.**  
**Your driving records, Letter from another Department from the Chief MUST BE turned in with your application. No interview will take place without.**  
 The interview committee will set up a time to meet with you.  
**WE NEED PAGES 1 TO 5 BACK.** If you have any questions, you may call us. If you wish to mail it back, mail it to the address below.

**Applicant Initial:** \_\_\_\_\_

Chief: Greg Hockaday (919)625-0080  
 Committee Chairman: Brian Ward (919)201-2851

Address: Brian Ward  
 BVFD Application  
 1680 NC Hwy 96  
 Franklinton, NC. 27525



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I, \_\_\_\_\_ have read, understood the description of duties, and to meet the minimum  
Print Name  
requirements as provided with this application. If I fail to meet these requirements at any time during my  
membership, I am subject to review, and any disciplinary action deemed necessary by the Chief, Deputy Chief,  
& Assistant Chief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Description of Duties

### Firefighter

#### Brief Description:

The purpose of this position is to provide rapid-fire suppression response to protect life and property by controlling and extinguishing fires. Persons in this position also respond to car accident and aftereffects of hazardous weather. This position also maintains firefighting equipment and provides training to the public on fire prevention awareness.

### First Responder

#### Brief Description:

The purpose of this position is to provide basic emergency medical services by responding to emergency site, assessing the medical needs of the patients, determining best immediate basic treatment, utilizing trained medical skills, operating life-saving equipment, lifting and moving patients and extricating patients as necessary, assisting patients to emergency centers, completing medical reports, stocking and check off medical supplies.