



Welcome to the West Side Volunteer Fire Department

We would first like to thank you for expressing interest in volunteering to help your community. The six month journey through your probation is your opportunity to learn the ways of the fire service and to get to know your fellow firefighters. Every member of this department is willing and able to assist you in obtaining your goals to complete your probationary period. Below are a few points of interest that you need to know.

- Once you are accepted as a probationary member, you will be given a complete set of By-Laws, Rules and Regulations and Drug Testing Policy.
 - Meetings/Drills are held every Monday at 6:30 / 7:00 pm (except holidays). We encourage your participation in the Monday night meetings as this is the best way to meet the other firefighters and learn how our department operates. It is also a great opportunity to start learning the basics before you step into a classroom. Full participation in weekly drills is allowed even before you complete any of your state required training. If you are unable to attend due to work, illness, etc, please fill out a Drill Excuse form located in the Day Room so your absence will not be counted against you.
 - Your probationary period will last for 6 months. If you complete your basic state required training before the end of your probationary period, the Fire Chief may release you to start running emergency calls after demonstrating a few basic skills.
 - During probation, you are required to complete the minimum state training requirements which are as follows: (The department will pay for all registration & book fees associated with the training courses.)
 - o Firefighter Level I
 - o Hazardous Materials - Operations Level
 - o CPR & First Aid
- *Note: Beginning July 1, 2010, the Firefighter Level I curriculum has changed and the student now has the opportunity to take the FF I, Haz-Mat Ops, CPR & First Aid as one continuous class.
- If any of these classes are not offered during the 6 months, probation can be extended to allow enough time to complete them.
 - If you have previous firefighting experience, please provide us with a copy of all your firefighter training.
 - As of October 2009, the department now requires pre-employment drug testing and background checks of all perspective members. The drug testing will be done randomly during your 6 month probationary period. A Chief Officer will instruct you as to when a background check is required during your probation. If the background check is clean, the department will reimburse you for the cost of the check. By Federal Law, no individual, who has been convicted of a felony charge, may be associated with any emergency services organization.
 - At the end of your 6 month probation period, you will be brought before the membership at a regular monthly business meeting and voted on for full membership into the department. When your probationary period is complete you will be issued a key to the department.

Thanks again for showing your courage to protect your community.

Please keep this cover page so you can refer back to the information above.



West Side Volunteer Fire Department

Fire Rescue EMS



Company 22

Personal Information

Application Date: _____

Name: _____
(Last) (First) (M. I.) (SSN)

Street Address: _____

Mailing Address: _____

Previous Address: _____

Home Phone: _____ Work/Cell Phone: _____

Date of Birth: _____ Age: _____

Do you reside within the West Side VFD Fire District? Y N
If no, which district? _____

Do you have a valid Driver's License? Y N DLN & State: _____

Do you have a Valid Chauffeurs license? Y N DLN & State: _____

Have you had Military Service? Y N Branch: _____

If yes, Indicate Special training received, Duties and Assignments, highest rank obtained. _____

Five (5) Personal References, Include Phone Number and Years Acquainted.

Name: _____ Phone #: _____ Years Known: _____

PHYSICAL DATA

Do you have any physical handicaps, diseases or other disabilities, which could impair your ability to fight fires or other rescue duties? Y N

If yes, give details: _____



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Have you ever been convicted of a felony in WV or any other state? Y N

Are you willing to submit to a physical exam & Drug Screen? Y N

If no, Why? _____

Have you been hospitalized in the last three (3) Years? Y N

If yes, give reason for hospitalization: _____

How many days have you lost from work during the past three (3) years as a result of accident or illness? _____

Educational Information

Indicate the highest grade completed: _____

School

Address

Major

Indicate any recognition: (Diploma, Certificate, Degrees, Awards, Achievements, Scholarships or Honors)

EMPLOYMENT HISTORY

Present or Last Employer: _____

Address: _____

Job Title: _____

Number Supervised: _____

Supervisor: _____

Duties Performed: _____

List Emergency Notification Contacts and Relations:

Name: _____

Relationship: _____

Phone Number: _____ Blood Type: _____

Doctor: _____



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If accepted as Probationary Member of the West Side VFD, Do you agree to complete a Background Check as required by departmental rules and regulations: Y N

Initials: _____ Date: _____

Have you ever been convicted of any offense other than minor traffic violation? Y N

If yes, Explain: _____

Have you ever been a member of any other fire department, rescue squad or similar organization? Y N

If yes, Give Dates, Locations, Contact Names: _____

What previous Fire/Rescue training have you received? (Include copies of certificates if possible)

Why have you decided to join a Volunteer Fire Department? _____

By my signature below, I certify that all the information provided to the West Side Volunteer Fire Dept. on this membership application is true and correct to the best of my knowledge. I understand that falsifying any information will be grounds for immediate dismissal. I authorize the West Side Volunteer Fire Department to conduct a criminal background investigation into my past to insure my good standing within the Fire Department. I also authorize the West Side Volunteer Fire Department to obtain a DMV check on my driving record.

Signature

Date

To Whom it may concern,

This is to certify that _____ is applying for membership of the West Side Volunteer Fire Fighters, Inc. This Department requires that applicants provide a Criminal History Background Check prior to being considered for membership.

This background should be for the State of West Virginia and other states.

Thank you,

Chief
WSVFD, Inc.

Date: _____



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***** DEPARTMENTAL USE ONLY *****

Date Application Received: _____

Background check Completed: _____

DMV Report Initiated and Received: _____

Physical / Drug Screen Performed: _____

Former Fire Departments Contacted. List below who was contacted and their general comments:

Given New Fireman Packet Y N Date: _____

6 Month Vote: _____ Date: _____

Completed Probation: _____ Date: _____

Voted Into Membership: _____ Date: _____

Date Left Department: _____

Reason for Leaving: _____

Suspension: _____

Dismissal: _____

Eligible for Re-Membership? Y N If no, Attach report.

Signature: _____ Rank: _____



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Designated Beneficiary

Member's Name: _____ Date: _____
(Please Print)

Full Name Given of Beneficiary: _____
(Please Print)

Relationship of Beneficiary: _____

Member's Signature: _____

Member's Date of Birth: _____

WEST VIRGINIA CODE: CHAPTER 5H. SURVIVOR BENEFITS.

ARTICLE 1. WEST VIRGINIA FIRE AND EMS SURVIVOR BENEFIT ACT.

§5H-1-1. Title and legislative intent.

(a) This article is known as the "West Virginia Fire and EMS Survivor Benefit Act."

(b) It is the intent of the Legislature to provide for the payment of death benefits to the surviving spouse, designated beneficiary, children or parents of firefighters and EMS personnel killed in the performance of their duties.

§5H-1-2. Death benefit for survivors.

(a) In the event a firefighter or EMS provider is killed in the performance of his or her duties, the department chief, within thirty days from the date of death shall submit certification of the death to the Governor's office.

(b) This act includes both paid and volunteer fire and EMS personnel acting in the performance of his or her duties of any fire or EMS department certified by the State of West Virginia.

(c) A firefighter or EMS provider is considered to be acting in the performance of his or her duties for the purposes of this act when he or she is participating in any role of a fire or EMS department function. This includes training, administration meetings, fire or EMS incidents, service calls, apparatus, equipment or station maintenance, fundraisers and travel to or from such functions.

(d) Travel includes riding upon any apparatus which is owned or used by the fire or EMS department, or any other vehicle going to or directly returning from a firefighter's home, place of business or other place where he or she shall have been prior to participating in a fire or EMS department function or upon the authorization of the chief of the department or other person in charge.

(e) Certification shall include the name of the certified fire or EMS program, the name of the deceased firefighter or EMS provider, the name and address of the beneficiary and the circumstances that qualify the deceased individual for death benefits under this act. Upon receipt of the certification from the certified fire or EMS program, the state shall, from moneys from the State Treasury, General Fund, pay to the certified fire or EMS program the sum of fifty thousand dollars in the name of the beneficiary of the death benefit. Within five days of receipt of this sum from the state, the fire or EMS program certified by the state shall pay the sum as a benefit to the surviving spouse, or designated beneficiary. If there is no surviving spouse or designated beneficiary, to the minor children of the firefighter or EMS provider killed in the performance of duty. When no spouse, designated beneficiary, or minor children survive, the benefit shall be paid to the parent or parents of the firefighter or EMS provider. It is the responsibility of the certified fire or EMS program to document the surviving spouse or beneficiary for purposes of reporting to the Governor's office.

(f) Any death ruled by a physician to be a result of an injury sustained during any of the above mentioned performance of fire department duties will be eligible for this benefit, even if this death occurs at a later time.

(g) Those individuals who are both firefighters and EMS personnel are eligible for only one death benefit payment.

§5H-1-3. Effective Date.

The effective date for this act is the first day of January, two thousand seven.



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Parental or Guardian Consent Form Junior (Cadet) Firefighter

I _____ parent or legal guardian,
hereby give permission for _____
to participate in the Junior (Cadet) Firefighter Program at the West Side Volunteer
Fire Department in Saint Albans, West Virginia on this _____ day in the month of
_____ in the year _____.

I have fully read and reviewed the application for membership and the Rules and
Regulations for Junior (Cadet) Firefighters for the West Side Volunteer Fire
Department.

Parent or Legal Guardian

Junior Member

Date

Date

Fire Chief

Date