

**ONSLOW COUNTY  
SPECIAL INCIDENT RESPONSE TEAM**

**VOLUNTEER APPLICATION**



**"THAT OTHERS MAY LIVE"**

# Requirements For Applicants

1. Fill out the entire application. Be sure to use your **FULL** legal name and Social Security Number.
2. Applicant **MUST** obtain a current **CRIMINAL RECORD CHECK** and turn it in with the application. **DO NOT** turn in your application until you can provide the Criminal Record Check. You can obtain the Criminal Record Check at the following location for a cost of \$5.00.

Onslow County Court House  
(New Courthouse) Near The Sheriffs Office  
Downstairs In The Lobby  
(910) 455-4458 Press 0

3. Applicant **MUST** obtain a current **DRIVING RECORD CHECK** and turn it in with the application. **DO NOT** turn in your application until you can provide a current Driving Record Check. You can obtain the Driving Record Check by mailing a request and \$7.00 to the following address:

North Carolina Division of Motor Vehicles  
Drivers License Section  
1100 New Bern Ave.  
Raleigh, NC 27697

4. References may be contacted by the application committee of The Onslow County Special Incident Response Team.
5. Once the application is filled out with the required documents, the applicant must attend a meeting on the 1<sup>st</sup> Friday of the month. The committee will review the application, and the applicant, if qualified, may be voted on by the membership. If Applicant is approved for membership he/she will then be on a six-month probation period.
6. Age and physical capabilities are **NOT** a prerequisite to membership. Special physical capabilities may be required for specific duties or training.
7. If you have any questions about the application or the application process please email The Onslow County Special Incident Response Team at one of the addresses below

Commander – [molloypf@iimef.usmc.mil](mailto:molloypf@iimef.usmc.mil)  
Deputy Commander [REDACTED]  
[REDACTED]

## Onslow County Special Incident Response Team (SIRT)

### Volunteer Application

Name: (Full Name)		Date:	
Street Address:		Mailing Address:	
City:	State:	Zip Code:	
Home Phone Number:     -     -	Work Phone Number:     -     -		
Social Security Number:     -     -	Age:	Birth date:     /     /	
Employer:	Street Address:		
City:	State:	Zip Code:	
School Last Attended:	State:	Month/Year:	
Are you a high school graduate: Check one (If "No" See Next Question)		Yes	No
Check One if you answered "No" to the above question.     Enrolled in High School			GED

Have you ever been convicted of any traffic offenses?	No		Yes (Explain Below)
Explain:			
Have you ever been convicted of any criminal offenses?	No		Yes (Explain Below)
Explain:			

Have you ever been affiliated with a Fire / Rescue Department?	Yes (List Below )		
Department Name:	From:	To:	
Department Address:	Department Phone #     -     -		
<p>Although certifications are not required, list any certifications or education that would be helpful to you while working with this department. Please list year of certifications and states where acquired.</p>			

**Onslow County Special Incident response Team  
Medical Statement**

**Answer all questions fully. If you answer "YES" to any of the medical history questions describe condition, symptoms, dates and duration of condition and treatment results.**

<b>Full Name:</b>	<b>S.S. #</b>
<b>Family Physician:</b>	<b>Physician Phone:</b>

**Physician Address:**

	Yes	No	Remarks:
<b>Eyesight:</b>			
a. Have you lost use of either eye?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is peripheral vision restricted?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are you color blind?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do you have, or have you had cataracts?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are actual deficiencies corrected by glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Date of last eye examination? _____			

<b>Hearing:</b>			
a. Do you have difficulty hearing normal conversation level?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do you use a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Diabetes:</b>			
a. Have you ever been treated for diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Describe current medication and dosage, if any, under "Remarks".			
c. Date of last blood sugar test? _____			

<b>Heart:</b>			
a. Have you been treated for heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Describe condition under "Remarks" if any.			
c. Describe current medication and dosage, if any, under "Remarks".			
d. Do you have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Epilepsy:</b>			
a. Have you ever been treated for epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	
b. If "Yes" when was your last seizure?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Describe current medication and dosage, if any, under "Remarks."			

<p><b>Blood Pressure:</b></p> <p>a. Have you ever been treated for high blood pressure?    Yes    No  <input type="checkbox"/>    <input type="checkbox"/></p> <p>b. If "Yes", when were you treated? _____</p> <p>c. What was your last reading? _____</p> <p>d. Describe your current medication and dosage, if any under "Remarks".</p> <p><b>Limbs:</b></p> <p>a. Have you lost an arm or leg?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>b. Have you lost the use of an arm or leg?    <input type="checkbox"/>    <input type="checkbox"/></p>	<p>Remarks:</p>
<p><b>Miscellaneous:</b></p> <p>a. Have you ever had or been treated for Convulsions?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>b. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "Remarks".</p> <p>c. Have you ever had or been treated for Back problems?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>d. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "Remarks".</p> <p>e. Have you ever had any fainting spells?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>f. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "Remarks".</p> <p>g. Have you had or been treated for Loss of Equilibrium?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>h. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "Remarks".</p> <p>i. Have you ever been treated for drug or alcohol abuse?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>j. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "Remarks".</p> <p>k. Have you ever been treated for mental illness?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>l. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "Remarks".</p> <p>m. Date of your last physical? _____</p> <p>n. Are there any restrictions posted on your drivers license?    <input type="checkbox"/>    <input type="checkbox"/></p>	
<p>The answers to the above are complete, accurate, and true to the best of my knowledge, furthermore, I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records of knowledge of me or my health, to give The Onslow County Special Incident Response Team, and Volunteer Firemen's Insurance Services, Inc. any such information.</p> <p>Applicant Signature: _____ Date: _____</p>	

List three references excluding family members

Name	Address	Phone Number

I certify to the best of my knowledge, that the forgoing statements are correct and complete, with no willful misrepresentation. I also declare that I will abide by the rules and regulations as set forth in the bylaws and standard operating guidelines of the Onslow County Special Incident Response Team and understand that I may be dismissed if I do not abide by any of the rules and regulations.

I do hereby give the Onslow County Special Incident Response Team the right to investigate my background (criminal, and otherwise), and hold the Onslow County Special Incident Response Team, its personnel, officers, and board of directors harmless as to the results of said investigation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

Reference Check .

Dates Worked / Dates Known	Employer / Name Information	Information Verified By	Comments on Applicant

Application	Approved		Denied	
Reason for Denial:				
Chief Signature:			Date:     /     /	