

## ST. TAMMANY FIRE DISTRICT NO. 3 VOLUNTEER REQUIREMENTS

St. Tammany Fire District No. 3 is accepting applications for the Volunteer Program. See Requirements below.

Any member of the public that is eighteen (18) years old or older can fill out an application for the Volunteer Program.

Following an interview, the applicant shall willfully agree to a driver's license check, police background check, and a medical exam (physical), prior to being accepted as a Volunteer member. If there is an issue with the driver's license check, background check, or physical, the applicant may not continue with the program. This determination shall be at the discretion of the Fire Chief.



# St. Tammany Parish Fire Protection District # 3

## RESERVE APPLICATION

Patrick F. Sicard  
Fire Chief

Office Use Only
Start Date _____
Release Date _____

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you obtained a driver's license from a state other than Louisiana within the last 5 years??  Yes  No

If yes, State(s) and DL# (s) \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

How long have you lived at your current residence? \_\_\_\_\_ years \_\_\_\_\_ months

List your 2 previous residences and dates you occupied.

Address #1 \_\_\_\_\_

Dates occupied: From \_\_\_\_\_ to \_\_\_\_\_

Address #2 \_\_\_\_\_

Dates occupied: From \_\_\_\_\_ to \_\_\_\_\_

### CRIMINAL BACKGROUND AFFIDAVIT/CONSENT FOR BACKGROUND CHECK:

- Yes  No Have you ever been arrested?
- Yes  No Have you received a DUI/DWI violation?
- Yes  No Are there any criminal charges currently pending against you?
- Yes  No Are you currently on probation or parole?
- Yes  No Have you had any voluntary surrender, disciplinary action, consent order or settlement imposed or is any disciplinary action pending on your license/certification in any state?
- Yes  No Have you ever been charged with or convicted of a felony?
- Yes  No Have you had or have a physical, medical, mental, or emotional condition that might affect your ability to practice as a certified EMT/Firefighter?

\*\*\* IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN ON A SEPARATE SHEET:



St. Tammany Parish Fire Protection District # 3

**RESERVE APPLICATION**

Name \_\_\_\_\_

Please provide the names, addresses, and phone numbers of three people we can contact for references.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please indicate why you are interested in becoming a member of St Tammany Fire District 3 and participating in emergency response activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Workers' Compensation requires a beneficiary to be named:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Relationship to Reserve)

\_\_\_\_\_  
Reserve Signature

\_\_\_\_\_  
Date



# St. Tammany Parish Fire Protection District # 3

## RESERVE APPLICATION

### EMPLOYEE EMERGENCY CONTACT FORM

Name \_\_\_\_\_

#### Personal Contact Info:

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

#### Emergency Contact Info:

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

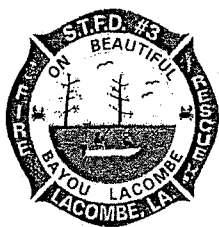
Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

#### Medical Contact Info:

Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize St Tammany Fire District 3 (STFD 3) and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



Patrick F. Sicard  
Fire Chief

## St. Tammany Parish Fire Protection District # 3

P.O. Box 849  
Lacombe, Louisiana 70445-0847  
(985) 882-5977 Office (985) 882-6664 Fax  
[admin@stfd3.com](mailto:admin@stfd3.com)

### Authorization for Release of Information

Please carefully read the release information about you, then sign and date it in Ink.

I authorize St. Tammany Parish Fire District No. 3's (STFD3) duly designated representative to obtain any information relating to my activities from individuals, schools, residential, management agents, employers, criminal justice agencies, law enforcement agencies, collection agencies, retail businesses, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history records, drivers' license records, and financial and credit information.

I understand that for financial and lending institutions, medical institutions, hospitals, health care professionals, and other sources, a separate specific release will be needed and I may be contacted for such release later.

I further authorize any duly designated representative of the STFD3 to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for employment in the health care industry and under the policies requirements of the Fire District.

I authorize custodians of records and other sources of information pertaining to me be released upon request of the STFD3 representative regardless of any previous agreement to the contrary.

I understand that the information released by record custodians and sources of information is for official use by the STFD3 only as authorized by law.

Copies of the authorizations that show my signature are valid as the original release signed by me. This authorization is valid for one year from the date signed or upon the termination of my affiliation with STFD3, whichever occurs first.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last four digits of SS#

Contact information:

Address:

Phone#:



## St. Tammany Parish Fire Protection District # 3

### Confidentiality & Privacy Acknowledgement

I, \_\_\_\_\_, as an employee or active reserve.  
(printed name of employee or reserve member)  
member of St. Tammany Fire District No. 3,

- understand that it is my legal and ethical responsibility to maintain the confidentiality of all Patient Medical Records, Employee Information, Financial Information, or other entrusted records or information which may be private in nature,
- agree not to disclose any such information or records to any person outside of STFD3 without proper authorization,
- agree to discuss confidential information only in the workplace and only for job related purposes, and to refrain from discussing this information outside the workplace or within the hearing of other people not entitled to the information,
- recognize that unauthorized release of confidential information may make me subject to legal and/or disciplinary action.

I acknowledge that I have read and understand the above statements and that I will comply with all policies regarding confidentiality and privacy.

\_\_\_\_\_  
Signature of Employee or Reserve Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## St. Tammany Parish Fire Protection District # 3

P.O. Box 849

Lacombe, Louisiana 70445-0847

(985) 882-5977 Office (985) 882-6664 Fax

[admin@stfd3.com](mailto:admin@stfd3.com)

Patrick F. Sicard  
Fire Chief

### Release and Hold Harmless Statement

Inconsideration of the background investigation form from St. Tammany Fire District No. 3,

I, \_\_\_\_\_ (print name) certify that I hereby release and hold harmless any person or entity, or their representative who may furnish any information from any liability, civil and/or criminal or other, in connection with the release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnesses printed name



Patrick F. Sicard  
Fire Chief

St. Tammany Fire Protection District No. 3  
P.O. Box 849  
Lacombe, Louisiana 70445  
Office: 985.882.5977 Fax: 985.882.6664

## Emergency Contact List

**Employee Name:** \_\_\_\_\_

Please indicate who should be notified on your behalf in the event of a medical or other emergency.

### Primary Contact

Name: \_\_\_\_\_

Phone # : \_\_\_\_\_

Alternate Phone # : \_\_\_\_\_

Relation to Employee: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_

Phone # : \_\_\_\_\_

Alternate Phone # : \_\_\_\_\_

Relation to Employee: \_\_\_\_\_



FIRE DEPARTMENT VOLUNTEER INFORMATION FORM

Fire Department: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

SSN Last 4 Digits Only: \_\_\_\_\_

Date Entered the Dept. \_\_\_\_\_

Volunteer email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Member Type: \_\_\_\_\_

Beneficiary First Name: \_\_\_\_\_

Beneficiary Middle Initial: \_\_\_\_\_

Beneficiary Last Name: \_\_\_\_\_

Signature of Volunteer Member: \_\_\_\_\_, Date: \_\_\_\_\_