



Nice Matters!

Town of Emerald Isle

7500 Emerald Drive
Emerald Isle, NC 28594

252-354-3424 voice
252-354-5068 fax

www.emeraldisle-nc.org

Mayor

Eddie Barber

Mayor Pro-Tem

Floyd Messer, Jr.

Board of Commissioners

Candace Dooley
Steve Finch
Jim Normile
Mark Taylor

Town Manager

Frank A. Rush, Jr.

frush@emeraldisle-nc.org



Dear Prospective EMS Volunteer,

Thank you for your interest in offering your time to volunteer with the Emerald Isle EMS Department.

Enclosed please find the following list of documents required in applying for approval to volunteer with our organization.

- EMS Volunteer Application
 - Copy of Driver's License
 - Signed Driving Record Authorization/Disclosure
 - Signed NC and Nationwide Criminal History Authorization/Disclosure
 - Copy of EMS Certifications

Once your completed application and attached required documentation are approved you will be contacted for scheduling.

The Town does offer a stipend program to eligible volunteers as approved by the EMS Chief. Acceptance of the stipends are optional, and once selected for the volunteer program, you will have an opportunity to accept or waive the quarterly stipend program. Stipends are considered taxable under IRS guidelines and will be paid via the Town's payroll direct deposit system.

Please note this application does not constitute employment with the Town.



Town of Emerald Isle
EMS Department
VOLUNTEER APPLICATION

Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

Primary Phone Number: _____

E-Mail: _____

*****TRAINING BACKGROUND*****

Current EMT Certification Level: _____ Expiration: _____

P# _____

Please provide all copies of ALL your certifications

Type: _____ Expiration: _____

Education (High School, College, Advanced/Specialized training: Provide name of school, type of degree and date of attendance or graduation): _____

Do you have any skills (other than medical) that may be beneficial to the EMS Department? i.e.: Bookkeeping, computer, plumbing, electrical, mechanical, etc. _____

Do you have a valid North Carolina driver's license? Has your driver's license ever been suspended in any state for any reason? Have you ever been arrested? Have you ever been convicted of a felony or misdemeanor? If "yes" please explain.

Have your licenses/certifications ever been suspended? If "yes" please explain. _____

Have you ever been terminated or asked to leave a place of employment? If "yes" please explain. _____

****PLEASE PROVIDE THE FOLLOWING****

1. Copy of Current Driver's License
2. Signed Driving Record Authorization /Disclosure (see attached)
3. Signed NC and Nationwide Criminal History Authorizations / Disclosures (see attached)
4. A Copy of All EMS Certifications

****EMERGENCY CONTACTS****

Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Name: _____ Relationship: _____

Phone Number: _____ Address: _____

****REFERENCES****

(Provide 2 that are NOT family members.)

Name: _____ Phone: _____

Name: _____ Phone: _____

****AVAILABILITY****

_____ I obligate myself to a minimum of 12 hours per month.

****Please note that by signing this application you are giving the Town of Emerald Isle permission to search any/all public information/documents that may pertain to volunteers for the Town of Emerald Isle EMS Department.****

Please write something as to why you want to be volunteer with the EMS Department: _____

Applicant Signature: _____ Date: _____

**Thank you for your interest in helping our community through your service
with the Town of Emerald Isle EMS Department.**

(Office Use)

Date Volunteer Application Approved: _____

Mailing Address: 7500 Emerald Isle, NC 28594

Physical Address: 7604 Emerald Isle, NC 28594

Phone: 252-354-2249 Fax: 252-354-9384



**DRIVING RECORD DISCLOSURE AND RELEASE FORM
EMPLOYEE / VOLUNTEER DRIVING RECORD INFORMATION**

1. In connection with my employment (or application for employment or volunteer), I hereby give permission to the Town of Emerald Isle to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
4. This authorization shall remain on file with the Town of Emerald Isle for the duration of my employment, and will serve as ongoing authorization for the Town of Emerald Isle to procure my state driving record at any time during my employment period.
5. I understand that the Town of Emerald Isle may take adverse action affecting my employment based on information in my driving record. If such adverse action is taken, I acknowledge my rights are as follows:
 - The Town of Emerald Isle must notify me in writing of such adverse action.
 - I have the right to receive a copy of the driving record upon which the adverse action was based.
 - I have a right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that the Town of Emerald Isle took adverse action.
 - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

Employee / Volunteer Name (Print)	Signature	Date Signed
-----------------------------------	-----------	-------------

Social Security Number	Driver's License Number & State	Date of Birth
------------------------	---------------------------------	---------------

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a North Carolina name-based criminal history record information check in connection with my application for employment or volunteer services with TOWN OF EMERALD ISLE pursuant to NC ORDINANCES – STATE ONLY.

(Type or Print clearly)

Last Name First Middle Maiden

Social Security Number Date of Birth Sex Race
(Optional*)

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.

Town Department: EMS

Position: Volunteer



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

ORDER NUMBER:

FAX: 910.343.9731

Company Name: Town of Emerald Isle

CAC: TP29

(“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____ Suffix _____

Other Names/Maiden/Alias _____

Social Security*# _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: <u>Rhonda Ferebee</u>	Email: <u>rferebee@emeraldisle-nc.org</u>		
Phone: <u>252-354-3424</u>	Fax: <u>252-354-5068</u>		
<input checked="" type="checkbox"/> Nationwide Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>