

**FAIRFIELD COUNTY RURAL FIRE BOARD
STANDARD OPERATING GUIDELINES**

SUBJECT: FIRE SERVICE MEMBERSHIP

The fire departments will ensure that their members meet and abide by the requirements for membership as outlined in the guidelines.

GUIDELINES:

1. Fire service personnel must be 18 years old and reside in their department's service area unless specifically exempted by the Fire Board.
2. Fire departments with one station are limited to 30 members. Departments with substation(s) are limited to 45 members.
3. Fire service personnel are classified as Administrative, Volunteer I, Volunteer II, and Volunteer III as described on Attachment 1. The classification requirements are described on Attachment 2.
4. A person desiring to join the fire service should attend a minimum of two (2) fire department meetings and be advised what will be required of him/her. After this time, if the person still desires to join, the person will need to submit the Fairfield County Fire Service Application (Attachment 3, Forms A,B,C,D), the Fairfield County Administrative Packet, and a copy of their Driver's License and Social Security Card. The Fairfield County Fire Marshal's office will request a background investigation using Attachment 3 (Form B). If the results of the background investigation indicate that the person is eligible for membership, the fire department will vote on whether to accept the person as a member. If the person is accepted for membership, the fire chief will submit (Form E) of Attachment 3 to the Fire Marshal's Office. The Fire Marshal's office will process the volunteer and submit a South Carolina Firefighter Registration Form (Form B) of the Attachment 3 to the State Fire Marshal's Office.
5. A new member that desires to be classified as Volunteer II or Volunteer III prior to their first health screening will furnish a doctor's statement stating that they are physically fit to respond to fire brigade emergency activities.
6. A new member will serve a one year probation period.
7. Fire departments will advise the Fire Marshal's office whenever a members status changes.

ISSUE DATE: 11/29/10

**FAIRFIELD COUNTY RURAL FIRE BOARD
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FIRE DEPARTMENT CLASSIFICATIONS

1. ADMINISTRATIVE: A member of the fire department whose sole purpose is to assist in the administrative activities and special projects such as fund raisers and department social events.

2. VOLUNTEER I: A member of the fire department that assists in the operation of the department at the station only, i.e.; truck maintenance check list, building maintenance, yard work (cut grass), but can not respond to emergency calls.

3. VOLUNTEER II: A member of the fire department that assists in the operation the department, i.e.; drive fire trucks, pump the trucks with necessary training and assist outside fire ground operations etc. Shall not participate in interior structural firefighting.

4. VOLUNTEER III: A member of the fire department that is qualified as an interior firefighter must successfully complete the SC Fire Academy's 1152 & 1153 courses and be certified by the department chief. One that has successfully completed the 1152 course may participate in interior firefighting duties with a certified firefighter only until one is certified.

ISSUE DATE: 11/29/10

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CLASSIFICATION REQUIREMENTS

Volunteer Firefighter III

1. Must pass the Fire Service certification programs
2. Must attend monthly training min,2 hours
3. Must pass annual health screening
4. Must pass annual SCBA fit test, Must attend annual BBP class
5. Must attend 75% of department business meeting
6. Must abide by department and fire board rules and regulations
7. Must stay in good standing with the department

Volunteer Firefighter II

1. Must attend monthly training 2 min. hours
2. Must pass annual health screening
3. Must attend annual BBP class
4. Must attend 75% of department business meeting
5. Must abide by department and fire board rules and regulations
6. Must stay in good standing with the department

Volunteer I

1. Must attend 75% of department business meeting
2. Must abide by department and fire board rules and regulations
3. Must stay in good standing with the department

Administrative

1. Must abide by the department and Fire Service rules and regulations
2. Must stay in good standing with department

South Carolina Firefighter Registration Form
South Carolina State Fire Marshal's Office
141 Monticello Trail
Columbia, South Carolina 29203

SOG-002
Attachment 3
Form A

A. Name: Last First Middle
Home Address:
Social Security Number: Date of Birth:
Driver's License Number: State: Class D/L: A B C D E F M G
Name of Employing Fire Department:
Fire Department Mailing Address:
City: Zip Code: FDID#:
Telephone Number: Status: Paid Volunteer X
Background Check Completed
Employed Prior to July 1, 2001

By signature I certify that the above named individual is eligible for registration under the provisions of Title 40, Chapter 80, South Carolina Code of Laws.

Fire Chief (Print Name) Date
Fire Chief (Signature) Date

B. ACTION TAKEN
(For all actions taken on or after July 1, 2001)
Please Check
Employment Date (See Section 40-80-10.B.2) Effective Date:
Termination Effective Date:
Voluntary Separation Effective Date:
Retirement Effective Date:
Inactive Effective Date:
Member of Multiple Departments - List:
Other (Explain)

C. Do Not Write Below This Line
(For SCFM Use Only)

The named Individual is
Registered as a firefighter in the State of South Carolina
Registration Number: Date:
Denied Registration based on:

Authorized Signature

Page 4 of 8
South Carolina Firefighter Registration Form
Request for Criminal Record Review

SOG-002
Attachment 3
Form B

Name: _____ (Full Given Name)

Address: _____

Social Security Number: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Driver's License Number: _____

State: _____ Class D/L: A B C D E F M G
(Circle One)

Race: _____

Sex: Male Female

.....
I, _____ do hereby grant approval for the
(Print Name)

_____ to inquire and receive any and

All criminal information pertaining to me.

(Applicant Signature)

(Date)

(Authorized Signature)

(Date)

Mail Request to:
LLC
State Fire Marshal's Office
141 Monticello Road
Columbia, SC 29203
Phone : 803-737-9000

LLC should return information
to:
Fairfield County Fire Board
P.O. Box 144
Winnsboro, SC 29180

S.L.E.D. Request Recap Sheet

SOG-002
Attachment 3
Form C

Complete this form in **duplicate** and attached to the top of the individual Request for Criminal Record before sending to S.L.E.D.

Please print **legibly** or type all information.

This form should only be used for those people you plan to hire and register through the State Fire Marshal's office.

When requesting a background check on more than two (2) people, there will be a 24 hour turnaround. This means that if you personally deliver the request to S.L.E.D. and are requesting more than two(2) – they will be mailed to you, or you may return after 24 hours to pick them up.

Note To S.L.E.D. – Bill To: S.C. Department of Labor, Licensing and Regulation
Division of Fire and Safety
State Fire Marshal's Office
141 Monticello Trail
Columbia, SC 29203
Account No: NO441

Fire Department Name: _____

Fire Department Phone Number: _____

Name	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Fairfield County Fire SERVICE
CERTIFICATION PROGRAM**

New applicants must attend and successfully complete the following courses:

- | | | | |
|-----|---|--|------------------------------|
| 1. | 1152 | OSHA Basic Interior Firefighter | 80 hrs. within 24 mos. |
| 2. | 1153 | NFPA Firefighter I | 60 hrs. within 24 mos. |
| 3. | 2722 | Haz Mat Operations | 24 hrs. prerequisite to 1153 |
| 4. | | First Aid / CPR | 8 hrs. prerequisite to 1153 |
| 5. | 1210 | Emergency Vehicle Drivers Training(EVDT)
before driving any fire department vehicles,
you must have 12 hrs. of road time with a
veteran driver as well as the chief's approval. | 40 hrs. within 24 mos. |
| 6. | 1220 | Pumper Operations
Must have chief's approval before operating apparatus. | 40 hrs. within 18 mos. |
| 7. | 8118 | Positive Pressure Ventilation (PPV) | 6 hrs. within 12 mos. |
| 8. | Infectious Disease Class | | Annually |
| 9. | Health Screening | | Annually |
| 10. | SCBA Fit Test | | Annually |
| 11. | Attend station's monthly business meetings. | | |
| 12. | Attend a minimum of 2 hrs. training each month. | | |

I, _____ have read the above requirements.

FAIRFIELD COUNTY FIRE SERVICE

Personnel Record

Print Clearly

Department _____

Name: _____

Address: _____

Phone # Home: _____ Work: _____

SS#: _____ Unit# : _____

Driver's License #: _____ State: _____ Class: _____

Check one the below Classifications that you are in your department:

_____ Administrative

_____ Volunteer I

_____ Volunteer II

_____ Volunteer III

Signature

