



# St. Tammany Parish Fire Protection District # 3

## RESERVE APPLICATION

Charles A. Flynn, III  
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:





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### 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 \_\_\_\_\_



## 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



Charles A. Flynn, III  
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  
[stfd3@charter.net](mailto:stfd3@charter.net)

### Release and Hold Harmless Statement

In consideration 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



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Fire Chief

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



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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

STFD #3 Reserve Program

Any member of the public that is 18 years old or older can fill out an application for the Reserve Firefighter Program.

An applicant must completely fill out an application and submit the application to Firefighter Allen Schrimsher, STFD#3 Reserve Program Director. The applicant shall be required to pay for his/her police background check. (See Mary Landry for the cost.) Following a successful police background check, the applicant shall be advised that he/she must pay membership dues of \$300.00 to cover the initial (start-up) cost of the Reserve program. Allen Schrimsher shall advise the applicant that the \$300.00 dues will cover the cost of a health physical, which is required prior to being accepted as a Reserve member.

Upon successful completion of the health physical (and prior police background check), the applicant shall attend an interview meeting and an orientation meeting with Allen Schrimsher and an STFD #3 Officer. During the orientation meeting, Allen Schrimsher shall advise the applicant that his/her dues will be paid back in increments as follows:

If the new Reservist remains active and in good standing with the department, he/she shall receive partial reimbursement of 33.3% after 12 months. If the Reservist remains active and in good standing after eighteen [18] months, he/she shall receive another partial reimbursement of 33.3%. If the Reservist remains active and in good standing after two [2] years, he/she shall be reimbursed the final 33.3% of the dues.

NOTE: If the Reservist is offered Full-time or Part-time employment, he/she shall not be reimbursed the balance of the dues. The offering and subsequent acceptance of employment shall be the Reservist's reimbursement of the remaining dues not yet paid back to the Reservist.

Additionally, if the Reservist does not comply with the rules and regulations of the Reserve Program and departmental policies, and is terminated from the Reserve Program, he/she shall not be reimbursed.

NOTE: Once again, the dues are to cover the cost of a health physical, which is mandated by the department before Reservists can be accepted into the program.

When an applicant is accepted into the department, Allen Schrimsher shall issue the applicant two [2] blue T-shirts, one [1] pair of shorts, and one [1] department cap ONLY! The new Reservist shall purchase one [1] Navy blue "Polo" shirt and the department shall incur the cost to have the "Polo" embroidered. An additional one [1] embroidery shall be awarded when the Reservist has remained active and in good standing with the department after six [6] months. NOTE: The Reservists shall receive his/her allotment of uniform attire through Allen Schrimsher or a Chief Officer (in the absence of Allen Schrimsher). Captains and/or Firefighters shall not issue uniform apparel to Reserve members.

Allen Schrimsher shall advise the applicant that all uniform apparel issued, to include the embroidered shirt as well as all personal protective equipment (PPE), are property of St. Tammany Fire District #3 and shall be returned upon voluntary resignation or termination from the fire department.

I, \_\_\_\_\_, have read the terms of the STFD#3 Reserve Program listed above and agree to the terms of the dues and the uniform policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_