



## QUALIFIED VOLUNTEER FIREFIGHTER PACKET

Candidate Name \_\_\_\_\_ GFSTC ID# \_\_\_\_\_

### TO BE MAINTAINED LOCALLY BY FIRE DEPARTMENT/AGENCY AND AVAILABLE FOR REVIEW BY GFSTC STAFF

O.C.G.A. 25-4-8 specifies that a person certified must complete the following criteria:

- a) Be at least 18 years of age as verified by the Fire Chief or his/her designee through an inspection of a birth certificate, a valid Georgia Driver's License or a government issued photo identification that includes the applicant's date of birth
- b) Be a legal United States citizen or possess valid and current documentation to be legally employed in the State of Georgia (Georgia Driver's License or refer to the Georgia Secretary of State website [https://sos.ga.gov/index.php/general/acceptable\\_proof\\_of\\_citizenship](https://sos.ga.gov/index.php/general/acceptable_proof_of_citizenship))
- c) Not have been convicted of a felony in any jurisdiction within ten (10) years prior to employment/appointment (except as provided in O.C.G.A. 25-4-8). For registration of volunteer personnel, original or certified copies of the original criminal history search made of local and state (GCIC) databases to disclose any criminal record. Criminal history documents used to determine the eligibility for fire service personnel must be current
- d) Has successfully completed the GFSTC approved minimum training course curriculum or equivalent
- e) Has successfully completed the GFSTC approved physical agility test (**The physical agility test requirement for Volunteer Support Firefighter registration shall be determined by the fire chief**)
- f) Has successfully completed the written examination as approved by the GFSTC within twelve (12) months for Qualified Support and eighteen (18) months for Qualified Suppression
- g) Have a good moral character as determined by investigation of the criminal history of the candidate to verify that there are no patterns of criminal involvement or intent related to stealing, cheating, lying, or other offenses that may indicate a disregard for the law or ethical and moral conduct under the procedure approved by the GFSTC.
- h) Be in good physical condition as determined by a medical examination. (**This is enforced by the requirements of the Fire Chief, i.e. AHJ approved Firefighter job description**)
- i) Possess or achieve within 12 months after employment/appointment a high school diploma or a general education development (GED) equivalency (**This is enforced at the discretion of the Fire Chief**)
- j) **For Volunteer Support and Suppression Firefighter Qualification, candidates must successfully complete Hazardous Materials Awareness Certification written and skills test.**

***This qualification package is to be completed in its entirety including all supporting documentation and be maintained locally for review by GFSTC staff upon request.***

***Submit your completed application (page 12) to [support@gfstconline.org](mailto:support@gfstconline.org)***

# **CHECK OFF SHEET FOR COMPLETING THIS PACKET**

**BE SURE ALL FORMS LISTED BELOW ARE INCLUDED IN THE PACKAGE BEFORE SENDING THE QUALIFIED APPLICATION (PAGE 12) TO GFSTC.**

- ☐ Applicant information sheet (page 3)
- ☐ Personal History release form (page 4)
- ☐ Birth Certificate or accepted proof of age (attached) (page 5)
- ☐ Local and state background check results (page 6)
- ☐ Basic training course approved by GFSTC (page 7)  
(Firefighters shall complete a Structure Fire Control class as well as other required fire control activities under simulated live fire conditions as approved by GFSTC that are attributable to the position the applicant is appointed or hired to perform).
- ☐ Good Moral Character form (page 8)
- ☐ High School or GED (attached) (Page 9)
- ☐ Medical Affidavit (with signature) (page 10)
- ☐ Physical Agility Form (Page 11)
- ☐ Completed Registration Application (Page 12)

# APPLICANT INFORMATION

Completed by Applicant

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

\_\_\_\_\_  
MI

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

\_\_\_\_\_  
GFSTC ID

**Volunteer Support** ☐ **Qualified Volunteer Suppression** ☐

Employing/Appointing Fire Department \_\_\_\_\_

Have you previously held a state certification issued by GFSTC? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list your Georgia State Certification number \_\_\_\_\_

Department where state certified \_\_\_\_\_

Date Georgia Certification Test completed \_\_\_\_\_

O.C.G.A. 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

\_\_\_\_\_  
*Print Name of Chief or Designee*

\_\_\_\_\_  
*Print Name of Firefighter*

\_\_\_\_\_  
*Signature of Chief or Designee*

\_\_\_\_\_  
*Signature of Firefighter*

# PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Firefighter Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical treatment and/or consultation including hospitals, clinics, private practitioners, and the US Veterans Administration, employment and pre-employment records including background reports.

I understand that any information obtained by a personal history background investigation, which is developed directly and indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Georgia Firefighter Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Last 4 of Social Security Number

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Firefighter Standards and Training Council.

## **CANDIDATE MUST BE AT LEAST 18 YEARS OF AGE**

O.C.G.A. 25-4-8 (a) (1) requires that any person certified as a firefighter be at least 18 years old.

**Supplying a copy of a birth certificate may satisfy this requirement.**

In lieu of a birth certificate, attach a valid Georgia Driver's License PLUS one (1) or more of the following documents that include the full name of the applicant:

- Baptismal record
- Draft card
- Court records
- Passport
- Citizenship papers
- Armed Forces discharge papers (DD214)
- Certified copy of school records

## **ATTACH AUTHORIZED PROOF OF AGE**

## CRIMINAL HISTORY SEARCH RESULTS

O.C.G.A. 25-4-8 (a) (4) requires that any person registered as a firefighter have a search made of local, and state files to disclose any criminal record. O.C.G.A. 25-4-8 (a) (2) specifies that a candidate may not be certified if they have been convicted of a felony within 10 years (except as provided in O.C.G.A. 25-4-8).

### **CRIMINAL HISTORY RESULTS SHALL BE NO OLDER THAN 90 DAYS PRIOR TO HIRE/APPOINTMENT. THE TOP OF THE CIVIL APPLICANT RESPONSE SHOWING THE TRANSACTION CONTROL NUMBER SHALL BE FORWARDED TO GFSTC.**

As the Fire Chief or authorized designee, I verify that I have reviewed the results of the local and state search to disclose any criminal record and that I have retained a copy of the GCIC results. I further verify and attest the individual named below has not been convicted of a felony in any jurisdiction or of a crime which if committed in this state would constitute a felony under the laws of this state within 10 years prior to employment. **Attached is the top portion of the Civil Applicant Response showing the Transaction Control Number.**

Print candidate name \_\_\_\_\_

Print name of Fire Chief or designee name \_\_\_\_\_

Fire Chief or designee signature \_\_\_\_\_

Date \_\_\_\_\_

*O.C.G.A. 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.*

Note: A person who has been convicted of a felony more than five but less than ten years prior to employment may be certified and employed as a firefighter when the person has:

- Successfully completed a training program following the Georgia Fire Academy curriculum and sponsored by the Georgia Department of Corrections.
- Been recommended to a fire department by the proper authorities at the institution at which the training program was undertaken

Please contact Georgia Firefighter Standards and Training Council's office for specific direction on certification requests for an individual who falls into this category.

**O.C.G.A. 25-4-8 (c) The council shall be the final authority with respect to authorizing employment and certification of a person who has been convicted of a felony more than five but less than ten years prior to seeking employment when the person is seeking employment as a firefighter for an municipal, county, or state fire department which employs three or more firefighters who work a minimum of 40 hours per week and has the responsibility of preventing and suppressing fires, protecting life and property, and enforcing municipal, county, and state codes, as well as enforcing any law pertaining to the prevention and control of fires.**

## COMPLETION OF REQUIRED TRAINING

**O.C.G.A. 205-1-3-.04. Classifications of Fire Service Personnel.** (3) All fire service personnel shall successfully complete basic training relative to the job description for the position they are appointed or hired to perform.

### **APPLICANT MUST SUCCESSFULLY COMPLETE ALL JOB PERFORMANCE REQUIREMENTS FOR POSITION THEY ARE APPOINTED OR HIRED TO PERFORM**

As the Fire Chief or authorized designee, I verify and attest the individual named below has successfully completed all the job performance requirements, including live fire and any other fire control activities, contained in standards approved by GFSTC and attributable to the position for which the applicant is appointed or hired to perform.

Print candidate name \_\_\_\_\_

Location & Date of Live Fire Training \_\_\_\_\_

Print Lead Live Fire Instructor name \_\_\_\_\_

Print Fire Chief or designee name \_\_\_\_\_

Fire Chief or designee signature \_\_\_\_\_

Date \_\_\_\_\_

*O.C.G.A.- 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.*

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## VERIFICATION OF GOOD MORAL CHARACTER

O.C.G.A. 25-4-8 (a) (3) requires that any person certified as a firefighter to be of good moral character as determined by an investigation. This is accomplished by an investigation of the criminal history of the candidate to verify that there is no recent pattern of convictions of crimes involving stealing, cheating, lying or some other offense that may indicate less than good moral character. Having an official from the fire department complete the following statement may satisfy this requirement.

Based on the criminal history search and other known and observed traits, it is my opinion that the below listed individual is of good moral character:

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Candidate's name

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Print name of Chief or Designee

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Signature of Chief or Designee

Date \_\_\_\_\_



# HIGH SCHOOL DIPLOMA OR STATE ISSUED GED

**This section shall be completed at the discretion of the Fire Chief.**

O.C.G.A. 25-4-8 (a) (6) requires that any person certified/appointed as a firefighter to have a high school diploma or a General Education Development (GED) diploma. Providing one of the following may satisfy this requirement:

- a) High school diploma (copy)
- b) College diploma (copy)
- c) Certified high school transcript showing high school graduation (a copy of a high school transcript will be accepted provided it has been notarized to be a true and exact copy of the original)
- d) Certified college transcript showing high school graduation (a copy of the college transcript will be accepted provided it has been notarized to be a true and exact copy of the original)
- e) General education development diploma (GED) (copy)

GED must be awarded by a state. United States Armed Forces Institute (USAFI) must be converted to a state awarded certificate. In order to convert the USAFI to a state awarded certificate the candidate must correspond with:

Georgia Department of Technical and Adult Education

Office of Adult Literacy/GED Testing Services

1800 Century Place, Suite 555

Atlanta, Georgia 30345

***ATTACH HS DIPLOMA, STATE ISSUED GED OR  
ACCEPTED EQUIVALENT***

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Signature of Fire Chief verifying the waiver High School Diploma or GED

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Date

**MEDICAL AFFIDAVIT**  
**(This is enforced by the requirements of the Fire Chief, i.e. AHJ approved**  
**Firefighter job description)**

**PHYSICIAN MUST USE THIS FORM**

Note to medical personnel:

This applicant, if appointed, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not, limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non- emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

\_\_\_\_\_ is applying to become a qualified firefighter.

I have examined \_\_\_\_\_ and to the best of my knowledge this person is in good physical condition.

\_\_\_\_\_  
Name of Physician, Physician Assistant, or Nurse operating under a physician's authority

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fire Chief verifying the waiver of the Medical Affidavit

\_\_\_\_\_  
Date

## PHYSICAL AGILITY TEST COMPLETED

O.C.G.A.- 25-04-8 (a) (5) requires that any person certified as a firefighter complete the physical agility test as approved by the Council. The Physical Agility Test approved by the Georgia Firefighter Standards and Training Council (GFSTC) is the six-task test known as the *Georgia Certified Firefighters Physical Agility Test*. In lieu of the state approved test, a local test reviewed and accepted by GFSTC may be used.

**Qualified Support Volunteer Fire Fighter Physical Agility Test may be waived by the Fire Chief signature below.**

**Qualified Suppression Volunteer Fire Fighter Physical Agility Test shall be required.**

Having an official from the fire department complete the following will satisfy this requirement:

\_\_\_\_\_  
Candidate's Name

Has successfully completed the *Georgia Certified Firefighters Physical Agility Test* or the following accepted test \_\_\_\_\_

Printed name of official verifying completion of Physical Agility Test:

\_\_\_\_\_

Signature of official verifying completion of the Physical Agility Test:

\_\_\_\_\_

Signature of Fire Chief verifying the waiver of the **Qualified Support Volunteer** Physical Agility Test:

\_\_\_\_\_

Date test was successfully completed \_\_\_\_\_ Time to complete test \_\_\_\_\_



## REGISTRATION APPLICATION

Volunteer Support ☐

Qualified Volunteer Suppression ☐

COMPLETE AND RETURN THIS FORM FOR EACH NEWLY APPOINTED CANDIDATE AFTER ALL STANDARDS AS SET FORTH IN O.C.G.A. 25-4 AND RULES & REGULATIONS OF THE GEORGIA FIREFIGHTER STANDARDS & TRAINING COUNCIL HAVE BEEN SUCCESSFULLY COMPLETED.  
(PLEASE TYPE OR PRINT LEGIBLY)

SPONSORING AGENCY/FIRE DEPARTMENT \_\_\_\_\_

CANDIDATE'S NAME \_\_\_\_\_  
(First) (Middle) (Last)

GFSTC ID# \_\_\_\_\_ DATE OF APPOINTMENT \_\_\_\_\_

*Place a mark by each statement that is true and correct for the candidate. All applicable supporting documentation must be included in the previous pages of the Volunteer Application Package.*

- ☐ (a) Is at least 18 years of age
- ☐ (b) Is a legal U.S. citizen or possesses valid and current documentation to legally work in the State of Georgia
- ☐ (c) Has not been convicted of a felony in the past 10 years (except as provided in O.C.G.A. 25-4-8) **(Criminal History shall be no older than 90 days)**
- ☐ (d) Has successfully completed the GFSTC approved minimum training course curriculum or equivalent
- ☐ (e) Has successfully completed the GFSTC approved physical agility test **(The physical agility test requirement for Volunteer Support Firefighter qualification shall be determined by the fire chief)**
- ☐ (f) Has successfully completed the written examination as approved by the council within eighteen (18) months for support and eighteen (18) months for suppression  
**Written Test Date/Location:** \_\_\_\_\_ **Skills Test Date/Location:** \_\_\_\_\_
- ☐ (g) Is of good moral character as determined by investigation approved by the GFSTC
- ☐ (h) Has or is actively working toward a high school diploma or a general education development equivalency (GED) **(This is enforced at the discretion of the fire chief).**
- ☐ (i) Is in good physical condition as determined by a medical examination **(This is enforced by the requirements of the Fire Chief i.e. Firefighter job description)**

**All Qualified Volunteer Suppression Firefighters must successfully complete a Structure Fire Control class as approved by the GFSTC. This class is not required for Volunteer Support Firefighter**

**For Volunteer Support and Suppression Firefighter Qualification, candidates must successfully complete Hazardous Materials Awareness Certification written and skills test.**

I HAVE MET ALL THE ABOVE REQUIREMENTS \_\_\_\_\_

(Candidate Signature)

I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge and is on file at the fire department and available for review by GFSTC staff.

PRINT NAME OF FIRE CHIEF/DESIGNEE \_\_\_\_\_

SIGNATURE OF FIRE CHIEF/DESIGNEE \_\_\_\_\_ Date \_\_\_\_\_

### GFSTC USE ONLY

REGISTRATION DATE \_\_\_\_\_

STAFF INITIAL \_\_\_\_\_

O.C.G.A. 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.