



STOREY COUNTY FIRE DEPARTMENT/VOLUNTEER APPLICATION

P.O. Box 603, Virginia City, NV 89440 Phone 775-847-0954, Fax 775-847-0987

To All Prospective Members,

The Storey County Fire Department and Storey County Volunteer Fire Department would like to thank you for your interest in becoming a volunteer member of our department. We commend your desire to serve your community and help your fellow citizens by becoming a part of the best fire department in the state.

The road to membership is not an easy process, but very achievable in today's life style. You must be committed and dedicated to reach the goal of membership. The services that are provided and stakes involved demand such a commitment. The following are requirements before you apply for membership.

- Regular Membership: Live within Storey County, be at least eighteen (18) years of age, pass a comprehensive medical examination and complete a law enforcement criminal background investigation.
- Student Membership: Live within Storey County, be at least sixteen (16) years of age, but less than eighteen (18) years of age, have parental or guardian approval, maintain a minimum of 2.5 GPA, pass a comprehensive medical examination and complete a law enforcement background investigation.
- Auxiliary Membership: This category is reserved for non-residents of Storey County. Applicants must be at least eighteen (18) years of age, pass a comprehensive medical examination and complete a law enforcement criminal background investigation.
- Resident Volunteer Membership: These members must go through the normal volunteer membership process and be accepted as such. They may then request to participate in this program in which they are allowed to sleep at one of the fire stations. These members must be at least eighteen (18) years of age, pass a comprehensive medical examination and complete a law enforcement criminal background investigation. In addition to this the County Fire Chief shall

have the final decision making ability to place individuals in this program or to not have them placed into the program.

Intern Membership: Periodically individuals may need to complete an internship program through a State of Nevada College or University. This is generally for completion of a Fire Academy or Paramedic Program type of course. Candidates for this category must be at least eighteen (18) years of age, pass a comprehensive medical examination and complete a law enforcement criminal background investigation. In addition to this the County Fire Chief shall have the final decision making ability to place individuals in this program or to not have them placed into the program.

Please review the attached information, application form, and the “seven steps to membership”. If you feel that you can measure up to the high standards of the department, please complete the membership application form and return it to the Fire Departments headquarters station at 145 North “C” Street in Virginia City. You will need to deliver this application package directly to this station, in person, so that it can be notarized. Please read all attached information and make sure to complete the application properly and sign. If the application is incomplete or false, the application will be denied. Good luck and thank you for your time.

Sincerely,

Gary Hames, Storey County Fire Chief
On behalf of each Volunteer Fire Chief

Station 1	Station 2	Station 3	Station 4	Station 5
145 North C Street Virginia City, NV 89440	2610 Cartwright Road Reno, NV 89521	500 Sam Clemens Dayton, NV 89403	431 Canyon Way Sparks, NV 89434	1705 Peru Drive McCarran, NV 89434
775-847-0954	775-847-0971	775-246-7979	775-342-0220	775-343-3300

About Membership...

Your membership to the Storey County Volunteer Fire Department starts with you. It starts with a serious desire to commit yourself to volunteering to serve your community and state in the preservation of life, property, and the environment. The membership process and entry level training is very demanding. The nature of the job and the service which is provided requires such a process. Once membership is achieved, the additional commitment to train and respond to emergency calls is expected to be honored.

Membership to the Storey County Volunteer Fire Department is to be held in the highest regard. The Storey County Fire Department and Storey County Volunteer Fire Department are considered to be one of the most progressive and efficiently managed fire agencies in the State of Nevada. These departments have deep rooted community ties and date back to 1860. The tradition, pride and honor of being a member of this department are substantial and are not to be taken lightly.

Membership to the Storey County Volunteer Fire Department will allow you to work side-by-side with some of the most dedicated and professionally qualified men and women of your community. So, if you are looking for a challenge, a commitment, an opportunity, and can “measure up” to the high standards of the department, we are interested and pleased to accept your membership application.

THE SEVEN STEPS TO MEMBERSHIP

Step 1: Complete application process and submit for review to the Headquarters station at 145 North “C” Street.

Step 2: Application is then turned over to the Storey County Sheriffs Department for a criminal background review.

Step 3: Upon successful completion of the background investigation the candidate will complete a medical physical examination. This physical examination will include drug and alcohol testing.

Step 4: After completion of the medical physical examination the respective district volunteer chief will conduct an interview. If the volunteer chief feels that you will make a qualified and committed member he will assign you to a mentor and you will be placed on your initial six (6) months of probation... It will be your responsibility to contact the mentor assigned to you to schedule your first meeting.

Step 5: At the first meeting with your mentor they will be responsible for providing a copy of the Storey County Business Plan, VFD Constitution and By-Laws, training task books, review of membership meetings and training, Storey County Drug and Alcohol Program Manual.

Step 6: After you have had time to review these documents and return the signature page of the Drug and Alcohol Policy you will be issued Personal Protective Equipment.

Step 7: After completion of one through six you will be able to begin responding in a limited capacity. During the probationary period you will be expected to have begun at least a Firefighter I program. After successful completion of that program you will be able to respond to incidents at that level.

MEMBERSHIP APPLICATION

Full Legal Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

District Which Applying For: ___ Virginia City ___ Virginia Highlands ___ Mark Twain ___ Largomarsino

Social Security No: _____ - _____ - _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Storey County Resident: __ Yes __ No-If no, what County: _____

Physical Address: _____, _____, _____
Street City Zip Code

Mailing Address (if different): _____, _____, _____
Post Office Box City Zip Code

Present Employer: _____ Address: _____

Profession: _____

Previous Employer: _____ Supervisor: _____

Phone #: _____ Reason for leaving: _____

Previous Employer: _____ Supervisor: _____

Phone #: _____ Reason for leaving: _____

Previous Employer: _____ Supervisor: _____

Phone #: _____ Reason for leaving: _____

Have you notified your employer of this application for membership: __ Yes __ No

Do you possess a current Nevada Drivers License: __ Yes __ No License No.: _____

Do you have any prior fire fighting experience: __ Yes __ No If yes please explain: _____

Do you have any prior EMS experience: __ Yes __ No If yes please explain: _____

List any special talents applicable to the fire service that you possess: _____

Do you have any mental or physical limitations that would limit or prevent you from fully performing the duties of a volunteer firefighter or emergency medical technician: __ Yes __ No If yes please explain:

Signature of Applicant

Date of Application

Student Membership Program Agreement

The undersigned certifies that he/she is the parent and/or legal guardian of _____, a minor, whose date of birth is _____. The minor is at least 16 years of age, but not over 18 years of age. The undersigned consents to the minor's enrollment in participation in the volunteer student program operated by the Storey County Volunteer Fire Department. The undersigned is aware that the minor shall receive a course of firefighter and related training for a period of three months, during which time the minor shall not be permitted to respond to any call, fire, rescue, or other such event unless accompanied by a Company Officer.

During the next three month period following successful completion of such training, the minor may respond to such an event, provided he or she is under the immediate supervision, direction, and control of an authorized and certified Firefighter of the Storey County Fire Department, and is engaged in tasks or actions regarding which he or she has received specific training during the prior three-month training period.

The undersigned and the minor agree to be bound by and to fully comply with all applicable rules, regulations, instructions, and Guidelines established by the SCFD in connection with this program, and acknowledge receipt of a statement of restrictions and limitations applicable to the minor's participation that has been adopted by the Storey County Volunteer Fire Department. The undersigned and the minor shall indemnify and hold harmless the Storey County Fire Department from claims or actions against it or its membership arising out of the actions and/or activities of the minor taken in connection with his or her participation in this program, whether the minor, the undersigned, or third parties bring any such claim. The undersigned and the minor shall waive any claim for damages or injury to the minor arising out of his activities in this program, except in so far as applicable workers compensation may validly cover those activities and compensation coverage. In the event of any dispute or action arising under the terms of this consent and waiver, the rules and regulations governing this program, and/or the activities of the minor in connection therewith, the undersigned and the minor agree to submit it to binding arbitration as the exclusive forum and procedural remedy therefore. Such arbitration shall be conducted under the auspices of the American Arbitration Association (AAA), or under such formal arbitration plan as the parties may mutually agree to in writing.

I have read and understand the foregoing, together with any attachments thereto, and agree and consent to same.

Parent and/or Legal Guardian Date: _____

Parent and/or Legal Guardian Date: _____

Minor Date: _____

Accepted by: _____ Date: _____

Title _____

APPLICATION WAIVER FORM
PRE-MEMBERSHIP WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for the position of Volunteer Firefighter;
I, _____ do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, Storey County Fire Department, Storey County Volunteer Fire Department, Storey County Sheriffs Office, its agents or employees, and any persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize any person or entity contacted by the Storey County Fire Department or Storey County Sheriffs Office, its agents or employees, during the course of my background investigation, to furnish to SCFD or SCSO or its designated representatives, any and all information that they may have concerning me. This information includes, but is not limited to, any confidential or privileged information, employment personnel files, whether official or unofficial, evaluation, character reference information, any sealed records or materials including disciplinary records, or any agreed to be withheld or concealed information or opinions they have. Pursuant to Section 237B of the Nevada Revised Statutes (NRS), employers are required to furnish copies of written evaluations, records of attendance, record of disciplinary action and to report whether the termination was voluntary or involuntary.

INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, including those rights outlined under Section 613.075 or the NRS to examine review or otherwise discover the contents of this background investigation and/or any and all related documents, including any documents which I may have provided for this investigation. This waiver shall apply to any right of action of any nature whatsoever, which may accrue to my heirs, my personal representative(s), or me.

Dated this _____ day of _____, 20__

Signature of Person Waiving Rights

Date

Witness

**STOREY COUNTY VOLUNTEER FIRE DEPARTMENT
PERSONAL VEHICLE INSURANCE LIABILITY AGREEMENT**

I, _____, a member or employee of the Storey County Volunteer Fire
(Name)

Department agree to maintain at all times personal vehicle liability insurance on all of my registered vehicles.

(Signature)

(Date)

(Witness)

(Date)

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in the denial of the application)

___ I am not subject to a court order for the support of a child.

___ I am subject to a court order for the support of one or more children and am in compliance with the order –or- am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment or the amount owed pursuant to the order; or

___ I am subject to a court order for the support of one or more children and I **AM** **NOT** in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number: _____ - _____ - _____

Signature of Applicant

Date

CONFIDENTIALITY AGREEMENT

As a member of the Storey County Volunteer Fire Department, I acknowledge the extreme importance of confidentiality with respect to the patients, co-workers, records, and administrative staff issues. I acknowledge that I must keep all information acquired pertaining to patients, or operations of Storey County Volunteer Fire Department confidential during and after employment. I further commit to the following:

- Regardless of how I may acquire information, to hold that information in strict confidence and only share with those who have a need to know in order to properly carry out the functions of their job;
- Understand which information I am entitled access;
- Not seek information to which I am not entitled;
- Understand that I am not entitled to information just by virtue of volunteering for the Storey County Volunteer Fire Department;
- Responsibly use technology and telecommunications in such a manner as to protect the patient's or employee's right to privacy and confidentiality;
- Report any and all breaches of confidentiality which I have knowledge;
- Report to persons in authority situations or settings that may lead to the compromise of patient or employee right to privacy or confidentiality.

By my signature below, I agree to conduct myself in such a manner as to meet or exceed the expectations and requirements set forth in the Storey County Volunteer Fire Department confidentiality and patient rights policies. I make this agreement with the knowledge that violations ***will result*** in serious disciplinary action up to and including immediate termination.

Name/Date

Signature

Witness/Date

STOREY COUNTY DRUG AND ALCOHOL WORKPLACE

A. Statement of Concerns:

1. The County has a responsibility to their employees and the public to ensure safe working conditions for their employees and a productive County work force unimpaired by chemical substance abuse. The County also has a responsibility pursuant to the Drug Free Workplace Act of 1988, to create a drug free workplace. To satisfy these responsibilities, the County must create and maintain a work environment free from the effects of illegal drugs, illegally or inappropriately used drugs, alcohol, or other performance-impairing substances.
2. The misuse of alcohol and other drugs impairs employee performance, is detrimental to employee health and jeopardizes employee safety as well as the safety of the public. It also compromises the integrity of the county with the public.

B. Policy:

1. The County is committed to maintaining a safe and healthy work place for all employees and to assisting employees who have recognized they have a problem with drugs or alcohol overcome related problems through appropriate treatment and, when appropriate, disciplinary action for failure to comply with this policy.
2. Each employee is responsible for meeting standards for work performance and safe on-the-job contact.
3. No employee who is on duty or on standby for duty shall:
 - Use, possess, or be under the influence of illegal or unauthorized drugs or illegal or mind altering substances; or
 - Drink, use, or be under the influence of alcohol to any extent that could impede the employee's ability to perform his or her duties safely and effectively. An employee whose blood alcohol test indicates a blood alcohol level of 0.02% or greater will be considered to have violated this policy.
 - Employees in safety-sensitive positions, as defined in 49 CFR Part 382, et seq., are subject to the additional requirements of the County's vehicle operators drug and alcohol policy, and the Department of Transportation's regulations.
4. The use, sale, manufacture, distribution and /or dispensing by an employee of an intoxicating liquor, controlled or illegal substance, or a drug not medically authorized while on County property and while on duty is strictly prohibited. The possession by an employee of open containers of alcoholic beverages, illegally obtained controlled substances, or drugs not medically authorized is likewise strictly prohibited while on County property and while on duty.

5. Employees shall not report to work under the influence of alcohol, illegal drugs, or misused prescription or over-the-counter drugs.
6. Employees who suspect they may have a substance abuse problem are encouraged to seek evaluation and treatment. Employees should obtain counseling and rehabilitation from a substance abuse professional or other treatment provider. The County's medical insurance policy may pay some or all of the cost of the treatment.
7. Employees may be required to submit to evaluation by substance abuse counselors or to testing for the presence of drugs or alcohol. Such testing or evaluation shall be done only under the condition and following the procedures outlined in this policy. Employees in safety-sensitive positions, as defined in 49 CFR Part 382, et seq., are subject to the additional requirements of the County's vehicle operators drug and alcohol policy, and the Department of Transportation regulations.
8. Employees shall be subject to drug and alcohol testing when there is reasonable suspicion that the employee has violated paragraphs 2, 3, 4, or 5 of this section of the policy. Employees who have been found to have violated this policy may also be required to submit to random drug and alcohol testing as part of a "last chance agreement."
9. All medical and rehabilitation records are confidential medical records and may not be disclosed without the prior written consent of the patient, authorizing court order, or otherwise as permitted by state and federal law. Positive test results may only be disclosed to the employee; the appropriate medical and substance abuse treatment providers; the District Attorney; an elected official; Department head or County representative necessary to respond to an alleged violation of this policy; appropriate officials of a recognized employee organization necessary to respond to an adverse action against the employee; and a court of law or administrative tribunal in any adverse personnel action.

The County will take whatever legal measures that are necessary to determine whether alcohol or illegal drugs are located on or being used on County property. The County will not take these measures unreasonable, but when the County believes that they are completely justified and necessary.

Authorized personnel may conduct searches of County property, facilities or equipment. The County may call upon Federal, State and/or local authorities to assist in an investigation. Trained dogs may be used to search County property, facilities or equipment; they will not be used to search people. Notice to employees for search of County owned property or spaces is not required.

10. Employees are hereby notified that their personal property located on County property (vehicle, purse, briefcase, lunch box, etc.) may be examined when probable cause exists to believe excluded items are present and applicable legal procedures have been followed, or when consent of the employee is obtained. Such an examination shall be conducted in the presence of the employee if practical. (The Department head or his/her designee shall consult with the District Attorney before searching personal property.)

C. Use of Prescription/Over-The-Counter:

It is the employee's responsibility to determine, by consulting a physician if necessary, whether or not a prescribed drug can impair job performance. An employee whose impairment may affect job performance should contact his/her supervisor and attempt to find an appropriate alternative assignment. If none is available, the employee should take sick leave or other steps consistent with advice of a physician. If an employee reports to work under the influence of prescription medication and, as a result, endangers self or others, the employee may be disciplined.

D. Employees Covered by Collective Bargaining Unit:

For those employees covered by a collective bargaining unit, any discipline or grievance procedures would be pursuant to their collective bargaining unit. If said bargaining unit has separate drug policies that policy shall apply to those employees. If the bargaining unit ceases, this drug free policy shall apply to those employees.

E. Reports of Drug Conviction:

Each employee must report facts and circumstances of a conviction for violating any criminal drug statute to the Personnel Director no later than five (5) days after the conviction. The Personnel Director shall immediately forward the notification to the District Attorney. A criminal conviction for violation of a drug statute may lead to disciplinary action if the employee's action leading to the conviction violates the provisions of this policy or relates to an employee's ability to satisfactorily perform his/her job.

F. Employee Education:

The County maintains information relating to the hazards and treatment for drug and alcohol related problems. Proactive training and information shall be sponsored by the County periodically. Any employee may voluntarily see advice, information and assistance. Medical confidentiality will be maintained, consistent with this policy.

G. Employee Assistance:

Any employee who voluntarily requests assistance in dealing with a personal drug and/or alcohol problem may do so through a private treatment program for drug and alcohol problems. An employee who is being treated for substance abuse in a recognized rehabilitation program shall be entitled to reasonable accommodation so long as the employee is conforming to the requirements of the program and is abstaining from the use of controlled substances and alcohol. The employee's leave will be considered to be medical leave under the provisions of the Family and Medical Leave Act.

If an employee seeks drug treatment voluntarily and not under adverse employment circumstances, accrued sick leave benefits may be used while attending rehabilitation. After such accommodation, the discontinuation of any involvement with alcohol or drugs is essential requisite for continued employment.

H. Substance Abuse Evaluation Upon Reasonable Supervision:

While in no way relinquishing its legal right to require random drug and alcohol tests at some time in the future as prescribed by statute and/or court ruling, the County agrees to observe the following drug testing policy or procedure.

1. A supervisor, based on reasonable suspicion that substance abuse is a factor in employment (as contrasted with the situation when the supervisor has reasonable suspicion that the employee has been illegally under the influence of drugs or alcohol on the job), may require an employee to be evaluated for drug and alcohol use and treatment by substance abuse professional.
2. Before a supervisor, acting on behalf of the County under this section of the policy, may require an employee to be evaluated for drug and alcohol use and treatment, the supervisor must first obtain concurrence from the District Attorney that there is sufficient information to support reasonable suspicion that substance abuse may be a factor in employment.
3. An employee may be required to participate in follow-up care as part of a comprehensive alcohol and drug treatment program based upon medical advice.

I. Drug Testing Upon Reasonable Suspicion:

When a supervisor (1) has a reasonable suspicion that an employee is under the influence of alcohol or drugs, the employee in question will be directed to submit to testing which may include a drug recognition evaluation, breathalyzer, urinalysis or a combination of these testing methods, to determine involvement with alcohol or drugs. At no such time will the employee be asked to submit to supervised urination.

Employees suspected of violating this policy shall be entitled to request representation during any interrogative interview with the affected employee that could lead to a decision by the County to take disciplinary action against the employee. Reasonable time shall be allowed for representative to be present, but no delay in testing shall be required as a result of such a request.

1. An "EMT" (enzyme multiplied immunoassay technique for drug abuse and/or alcohol) urine test will be required whenever such reasonable cause exists. If drugs and/or alcohol are positive in the screening, a confirmation test will be conducted. The confirming test will be a GCMS (gas chromatography mass spectrometry).
2. At such time as testing is required, the supervisor shall complete the test request form attached hereto and obtain the signature of the employee acknowledging that the request has been received and read by said individual. The Department head or County representative shall provide transportation for the employee to the location of the test. After the employee submits to the screening test, the Department head or County representative shall provide transportation for the employee to his/her home.
3. The urine specimen will be collected, submitted, and tested by a laboratory certified by the National Institute of Drug Abuse under the federal guidelines appearing in the Federal Register.

4. If the laboratory finds, after proper confirmatory testing, that the specimen submitted by the employee is positive as such term is defined in the Federal register guidelines, the laboratory shall submit a written report to the County. The information released to the County shall be kept in strict confidence; shall be imparted only on a need-to-know basis, shall be used for Personnel purposes only, and the County shall not use the test information for criminal proceeding. The exception to this would be if a crime had been committed while the employee was under the influence of a controlled substance or alcohol on County time. Under these circumstances, the information would then be released to the appropriate law enforcement agency in charge. If the test result is confirmed positive, the results shall be placed in the employee's personnel file in a sealed envelope accessible only by the employee, the personnel manager, a health insurance counselor or other counselor, District Attorney, or pursuant to an order issued by a court or administrative agency of competent jurisdiction. The employee may request in writing removal of the envelope from the personnel file pursuant to the County's policies and procedures governing expungement.
5. The cost of the initial and confirmatory testing shall be paid for by Storey County.
6. All confirmation test results shall be interpreted by a qualified physician or qualified company, selected by the County.

J. Consequence of Refusal to Submit to Testing:

An employee who refuses to submit to discovery testing for alcohol and/or drugs when reasonable suspicion exists will be subject to disciplinary action up to and including discharge. Alleged lack of reasonable suspicion is not grounds to refuse to submit to a test; however, it is reason to challenge discipline, if discipline is imposed based on the test result alone.

K. Consequence of a Positive Test:

An employee who is found to be under the influence of or impaired by alcohol or illegal drugs as a result of a test will be subject to disciplinary action including suspension or termination or any combination thereof. Prior to determining his/her course of action, the County may, but is not required to, direct an employee who has tested positive to submit to an evaluation by a substance abuse professional. The evaluator will be selected and paid by the County. The evaluation will attempt to determine the extent of the employee's use of or dependence on the abused substance(s) and, if necessary, recommend an appropriate program of treatment. The time spent in the evaluation shall be considered work time.

L. Discipline Related to Abuse:

1. An employee may be found to use illegal drugs or to be under the influence of illegal drugs or alcohol on the job on the basis of any appropriate evidence including, but not limited to:
 - a. Direct observation;
 - b. Evidence obtained from an arrest or criminal conviction for use of possession of illegal drugs or alcohol on the job;

- c. A verified positive test result; or
 - d. An employee's voluntary admission.
2. If an evaluation is conducted which results in a recommendation for treatment, continued employment may, but is not required to be allowed if the recommended treatment is immediately begun and successfully completed. However, disciplinary action will also be taken for any performance or behavior which would otherwise be cause for disciplinary action. The treatment program may include, but is not limited to, rehabilitation, counseling, and after-care to prevent future substance use/abuse problems. The program of treatment will not be at the County's expense, but employees may use benefits provided by applicable insurance coverage. Failure by the employee to enroll in the recommended treatment program, to consistently comply with the program requirement, to complete it successfully, or to complete any continuing care program shall be grounds for immediate termination from employment. Accrued sick leave may be used to attend a treatment program required under this paragraph.
 3. When an employee is required to undergo treatment under the policy, the employee may be required to authorize the following as a condition of continued employment:
 - a. Monitoring of the treatment program and the employee's participation by the County; and;
 - b. Submission to random blood and/or urine screening for alcohol and/or drugs for a specific period of time not to exceed thirty-six (36) months from completion of all phases of a prescribed treatment program.

M. Confidentiality:

1. Test results which are reported as positive will be placed in the employee's personnel file.
2. Test results which are negative will be destroyed and all documentation of the request for such test and all documents related thereto will be purged from the employee's personnel file and destroyed.
3. Except as otherwise provided in this policy, confidentiality of all information regarding legal possession/use reports, requests, test results, treatment and/or discipline of an employee shall be strictly observed and shall be confined to the counselor, District Attorney, and supervisor involved in the matter. A breach of this confidentiality requirement shall be grounds for appropriate disciplinary action against the party or parties who breach the confidentiality requirements.

N. Definitions:

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.

Alcohol use: Means the consumption of any beverage, mixture, or preparation including any medication containing alcohol.

Drugs or Controlled Substances: All forms of narcotics, depressants, stimulants, hallucinogens, cannabis, and other controlled substances of which the sale, purchase, transfer, use, or possession is prohibited or restricted by The Federal Controlled Substances act. Illegal or controlled substances means a controlled substance included in Schedule I or II, as defined by section 802(6) of Title 21 of the United States Code, the possession of which is unlawful under Chapter 13 of that Title. The term illegal drugs does not mean the use of a controlled substance pursuant to a valid prescription or other uses authorized by law,

Drug Test: A urinalysis (urine) test that includes specimen collection and testing by a Department of Health and Human Services (DHSS) certified laboratory. Both a screening test and a confirmation test should be used to establish a positive test result.

Illegally Used Drug: Any prescribed drug that is legally obtainable but has not been legally obtained or is not being used for prescribed purposes, all designer drugs, and any other over-the-counter or non-drug substances (e.g. airplane glue) being used other than their intended purpose. (Note: A designer drug is a man-made drug or combination of drugs, which is similar in basic scientific properties to a drug or controlled substance and is produced in a clandestine laboratory.)

Over-the-counter-drugs: Those which are generally available without a prescription from a medical doctor and are limited to those drugs which are capable of impairing the judgment of an employee to safely perform his or her duties.

Prescription drugs: Those drugs which are used in the course of medical treatment and have been prescribed and authorized for use by a licensed practitioner/physician or dentist.

Refusal: Failure to appear for testing without a deferral will be considered refusal to participate in testing and will subject an employee to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of employment.

Reasonable suspicion: Specific, articulable observations by a supervisory employee as described below and any accident or incident involving physical injury which requires medical treatment beyond first aid to any person or involving property damage which is required by State law to be reported and be considered as constituting reasonable suspicion for discovery testing for drugs and alcohol where human factors contribute to the incident and a question of sobriety short of reasonable suspicion exists.

Reasonable suspicion testing may be based on, among other things:

1. Observable indicators, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug/and/or alcohol;
2. A pattern of abnormal conduct or erratic behavior;
3. Information provided either by reliable and credible sources of independently corroborated;
4. Arrest or conviction for a drug-related offense.
5. Newly discovered evidence that the employee has tampered with a previous drug and/or alcohol test.

Although reasonable suspicion testing does not require certainty, mere “hunches” are not sufficient to meet this standard. Specific observations reported by reliable and credible sources may be considered, along with other information provided in this definition, in determining whether reasonable suspicion exists.

Substance Abuse Professional (SAP): Means a licensed physician, or a licensed or certified psychologist, social worker, driver assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with the knowledge of, and clinical experience in, the diagnosis and treatment of drug and alcohol-related disorders.

Under the influence: Any detectable level of drugs (in excess of trace amounts attributable to secondary exposure) in an employee's blood or urine or any noticeable or perceptible impairment of the employee's mental or physical faculties. With respect to alcohol, a blood alcohol content of 0.02% constitutes under the influence while on duty.

EMPLOYEE AWARENESS SHEET

PURSUANT TO SECTION 5153-FEDERAL DRUG-FREE WORKPLACE AT REQUIREMENTS FOR FEDERAL GRANT RECIPIENTS AND IN KEEPING WITH STOREY COUNTY POLICY OF MAINTAINING A DRUG-FREE WORKPLACE.

IT IS PROHIBITED

For any Storey County employee to manufacture, distribute, dispense, possess or use a controlled substance and/or alcohol. Appropriate disciplinary or corrective action will be taken for:

1. Being found to be involved in the manufacturing, distribution, dispensing of or possession of a controlled substance while on duty.
2. Being found to be under the influence of intoxicants, a controlled substance without a medical doctor’s prescription or any other illegally-used substances while on duty; and/or
3. Drug or alcohol abuse which affects the performance of a job, if the employee has refused treatment.

Such disciplinary or correction action may include: Mandatory enrollment and attendance in alcohol/drug counseling, rehabilitation and employee assistance programs. The range of progressive discipline must run from suspension without pay, for up to thirty (30) working days, demotion, termination, or any combination thereof. For those employees covered by a Collective Bargaining unit, any discipline or grievance procedures would be pursuant to their collective bargaining agreement and this Drug and Alcohol Free Workplace policy.

YOU ARE FURTHER NOTIFIED

That any employee of the County must notify the immediate supervisor who must notify the personnel manager of any conviction of a controlled substance or alcohol offense occurring in the workplace not later than five (5) days after such conviction.

Upon notification of such a conviction, the convicted person shall be required to satisfactorily participate in a drug abuse assistance or rehabilitation program. A finding that such notification has not been made will result in disciplinary or corrective action as outlined above.

If a supervisor has reasonable cause to believe (based on specific articulable factors personally observed about an employee’s appearance, behavior, speech, or other conduct) that the employee is under the influence of, or impaired by, a controlled substance and/or alcohol at a workplace, the supervisor will require the employee to submit to testing to establish whether a violation of the drug-free has occurred.

Signature

Date

BACKGROUND INVESTIGATION QUESTIONNAIRE

**CAREFULLY READ AND FOLLOW THE DIRECTIONS
FOR COMPLETING THIS QUESTIONNAIRE**

As an applicant for a volunteer position with the Storey County Volunteer Fire Department, you are required to complete this background questionnaire. This questionnaire will be treated with confidentiality. As you must understand you will be left in situations that warrant complete security and confidentiality.

Please read and answer all of the following questions. Please be honest and truthful when answering these questions. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration. The commission of one or more of the offenses listed on this questionnaire may not automatically disqualify you from consideration for this position.

If you answer “Yes” to any question you must provide a written explanation for each affirmative response. Each explanation must be on a separate Background Investigation Questionnaire Explanation Sheet.

MISDEMEANOR OFFENSES

1. If you have committed any of the following misdemeanor offenses within the past seven years please answer “Yes” and provide an explanation on a Questionnaire Explanation Form. If you have not, write “No.”

- | | | | |
|--------------------------|-------|-------------------------------|-------|
| a. Petty Theft | _____ | b. Vandalism | _____ |
| c. NSF checks | _____ | d. Drunk in public | _____ |
| e. Joy riding | _____ | f. Illegal gambling | _____ |
| g. Hit and run | _____ | h. Brandishing a weapon | _____ |
| i. Minor in Possession | _____ | j. Possess/Use altered ID/Lic | _____ |
| k. Illegal Prostitution | _____ | l. Defraud Innkeeper | _____ |
| m. Soliciting Prostitute | _____ | n. Indecent Exposure | _____ |
| o. Voyeurism | _____ | p. Possess stolen property | _____ |

- | | | | | | |
|----|------------------------------------|-------|----|-----------------------------------|-------|
| q. | Impersonate Police Officer/Sheriff | _____ | r. | Carry concealed or illegal weapon | _____ |
| s. | Make annoying or prank phone calls | _____ | t. | Assault or Battery | _____ |
| v. | Bestiality | _____ | u. | Drunk driving | _____ |
| | | | w. | Other: | _____ |

FELONY OFFENSES

2. If you have ever committed any of the following offenses, please write “Yes”. If you have not, please write “No” on the line.

- | | | | | | |
|----|-------------------|-------|----|---------------------------------|-------|
| a. | Murder | _____ | b. | Unlawful Sexual Intercourse | _____ |
| c. | Rape | _____ | d. | Spousal battery | _____ |
| e. | Robbery | _____ | f. | Burglary | _____ |
| g. | Arson | _____ | h. | Grand Theft | _____ |
| I. | Forgery | _____ | j. | Kidnapping | _____ |
| k. | Embezzlement | _____ | l. | Any sexual activity with child | _____ |
| m. | Child abuse | _____ | n. | Forcible sexual activity | _____ |
| o. | Auto theft | _____ | p. | Domestic Violence | _____ |
| q. | Hit and run | _____ | r. | Aggravated or felonious assault | _____ |
| s. | Credit card theft | _____ | | | |

GENERAL QUESTIONS

3. Have you ever been detained, questioned, investigated, or arrested for suspicion of having committed a criminal act, whether or not you were convicted? Yes [] No []
4. Have you ever been contacted by any police or law enforcement agency for any reason not previously discussed (other than for being a witness or victim)? Yes [] No []
5. Did you register for the Selective Service? Yes [] No []
6. Have you been adjudged as a “Mentally Disordered Sex Offender?” Yes [] No []
7. Are you currently delinquent on any child support or alimony? Yes [] No []

8. Do you have any prejudices against any group based upon their race, religion, ethnic origin, or nationality? Yes [] No []
9. Have you ever been a member of, or supported financially or otherwise, any organization or group which advocates, advises, or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States or the Constitution of the State of Nevada? Yes [] No []
10. Did you in any way cheat, lie, or commit fraud during the application or evaluation process or during any portion of the background process? Yes [] No []

EMPLOYMENT HISTORY

11. Have you ever taken anything from your employer without authorization? Yes [] No []
12. Have you ever received any disciplinary action; including an oral or written reprimand, demotion, denial of merit increase, reduction in pay suspension with or without pay, or surrendering earned time off? Yes [] No []
13. Have you ever had any problems with any of your supervisors? Yes [] No []
14. Have you had any problems with any of your coworkers? Yes [] No []
15. Have you ever had any conflicts or problems with your dealings with the public? Yes [] No []

DRIVING RECORD

16. Has your automobile insurance ever been canceled for any reason? Yes [] No []
17. Have you ever been refused a driver license? Yes [] No []
18. Have you been notified that you are responsible for a delinquent parking citation? Yes [] No []
19. Have you ever falsified any information on a driver license or identification card application? Yes [] No []
20. Have you ever had a license issued by another state or country? Yes [] No []
21. Has your automobile insurance ever been placed in an assigned risk category? Yes [] No []

GENERAL TOPICS

If you answer yes to any question, use a Background Investigation Explanation Sheet for your explanations.

22. Have you ever been known by any other name other than the ones you have used on your Personal History Statement (including any maiden names)? Yes [] No []
23. Have you been involved in any physical fights since the age of 18? Yes [] No []
24. Are you subject to any court order; including child support orders, stay away orders, temporary restraining orders, permanent restraining orders, or any other type of order?
Yes [] No []
25. Have you ever slapped, punched or kicked any spouse, roommate, or romantic partner?
Yes [] No []

FOR APPLICANTS WITH MILITARY SERVICE

26. Did you ever serve in any branch of the military, whether active or reserve?
Yes [] No []

If you answered no to question 28, go to question 33. If you answered yes, proceed with the following questions.

27. Did you ever receive any non-judicial punishment (Art. 15, Captain's Mast) including any punishment that was expunged or removed from your record? Yes [] No []
If you answered yes, list the date(s), offense(s), unit of assignment, post, base or station where assigned and punishment imposed Background Questionnaire Explanation Sheet.
28. Were you ever subjected to Article 32 proceedings? Yes [] No []
If so, list date, offense, investigating officer, and location for each such proceeding Background Questionnaire Explanation Sheet.
29. Were you ever tried by courts-martial? Yes [] No []
If so, list each such proceeding to include where the courts-martial was held, the type of courts-martial, date, charge, and specifications of each courts-martial and the findings on a Background Questionnaire Explanation Sheet.
30. Were you ever detained, arrested, jailed, or held by police or security forces in another country for anything other than minor traffic offenses? Yes [] No []

31. If there is anything else you feel the background investigator should know about you or your experiences, please attach a Background Investigation Explanation Sheet with an explanation.

CERTIFICATION

I declare, under penalty of perjury, that all of the answers provided and statements made in this questionnaire are true and complete. I understand any mis-statements of material fact, omissions, incomplete answers, or inaccurate responses will subject me from disqualification or dismissal.

Signature of Applicant

Date Signed

Printed Name of Applicant

BACKGROUND INVESTIGATION QUESTIONNAIRE

EXPLANATION FORM

APPLICANT'S NAME: _____ **Date:** _____

Question # __. _____

Question # __. _____

Question # __. _____

Question # __. _____

Question # __. _____

Question # __. _____

Question # __. _____

Question # __. _____

I certify that this statement is a true, complete and accurate explanation to question no. _____.

I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification or dismissal from membership.

Signature of Applicant

Date Signed

Printed Name of Applicant

Name _____

Station # _____

OFFICE USE ONLY

Membership Application Check Sheet

1. Application Signed and Completed Date: _____
 - Copy of Driver's License Date: _____
 - Signed Copy of Child Support Form Date: _____
 - Signed POV Insurance Form Date: _____
 - Signed Background Investigation Waiver Date: _____
 - Signed Background Questionnaire Form Date: _____
 - Confidentiality Agreement Date: _____
 - Application Waiver Form Pre-Membership Waiver and Liability Release
 - Student Membership Form Signed (if applicable)
 - Membership Application Signed Date: _____
 - Drug and Alcohol Forms Signed Date: _____
2. Sheriff's Office for Background Check Date: _____
 - Pending (approximately 6-8 weeks)
3. Physical Examination
Date and Time of Physical Date: _____
4. Completed Application sent to Vol Chief Date: _____
 - Mentor Assigned: _____ Date: _____
 - Mentor's Name: _____ Date: _____
 - Probationary Membership Date: _____
 - Constitution/By-Laws Issued Date: _____
 - Member Name Issuing: _____
 - Business Plan/Task Book Issued Date: _____
5. PPE Issued and Form Submitted to Chief Date: _____
6. Member Name Issuing _____
7. Accountability Card Issued Date: _____

Interview Date: _____ Interview Comments: _____

Interview Completed by: _____ Rank: _____

Applicant Approved: ___ Yes ___ No Rejected: ___ Yes ___ No

Reason for Rejection: _____