



# Caroline County Fire & Rescue

## Volunteer Membership Application

**Directions: Applicant MUST complete all areas of the application. Place N/A in sections that are not applicable. Incomplete applications will be returned or denied.**

### Applicant

Date:

Last Name:

First Name:

MI

Street Address:

Apt. #:

City:

State:

Zip:

Phone:

Alternate:

Email:

### Volunteer Fire Company or Rescue Squad

Which volunteer Fire Company or Rescue Squad do you wish to join? (Check One)

Bowling Green Co. 1 (Fire):

Bowling Green RS1 (EMS):

Ladysmith Co. 2 (Fire):

Ladysmith RS2 (EMS):

Port Royal Co. 3 (Fire/EMS):

Sparta Co. 4 (Fire):

Frog Level Co. 5 (Fire/EMS):

Upper Caroline Co. 6 (Fire/EMS):

Caroline Fire/EMS (county wide volunteer – Fire/EMS):

As a member, which would you be most interested in? (Please check all that apply)

Emergency Medical Services/Ambulance:

Firefighting:

Auxiliary/Support:

**Tell us about you**

Please tell us about any special skills or interests that you would like to utilize as a member.

Please tell us what interests you about becoming a member of Caroline County Fire & Rescue?

How did you hear about us? (Please check all that apply)

|                           |          |              |
|---------------------------|----------|--------------|
| Friend/Family             | Event:   | Which event? |
| Member of the Department: | Website: |              |
| Social Media              | Other:   |              |

**Prior Fire/EMS Experience**

|                     |                   |
|---------------------|-------------------|
| Agency:             | Phone:            |
| Address:            |                   |
| Position:           | Chief/Supervisor: |
| From:               | To:               |
| Reason for leaving: |                   |

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|                     |                   |
|---------------------|-------------------|
| Agency:             | Phone:            |
| Address:            |                   |
| Position:           | Chief/Supervisor: |
| From:               | To:               |
| Reason for leaving: |                   |

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Agency:

Phone:

Address:

Position:

Chief/Supervisor:

From:

To:

Reason for leaving:

Have you ever been dismissed or forced to resign from a position? (If yes, please explain)

### Education

High School:

Address:

From:

To:

Did you graduate? Yes:

No:

Degree:

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College:

Address:

From:

To:

Did you graduate? Yes:

No:

Degree:

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Other:

Address:

From:

To:

Did you graduate? Yes:

No:

Degree:

List relevant certifications. Copies will be required.

| Certifications | Expiration |
|----------------|------------|
|                |            |
|                |            |
|                |            |
|                |            |
|                |            |

**Employment**

List most recent employment first.

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Company: Phone:  
Address:  
Position:  
From: To:  
Reason for leaving:

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Company: Phone:  
Address:  
Position:  
From: To:  
Reason for leaving:

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Company: Phone:  
Address:  
Position:  
From: To:  
Reason for leaving:

Have you ever been dismissed or forced to resign from a position? (If yes, please explain)

### Professional References

List two references. Do not include relatives or employers.

Full name:

Relationship:

Phone:

Address:

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Full name:

Relationship:

Phone:

Address:

### Statement

#### Certification and Agreement

This statement must be initialed and electronically signed. Please read the following statement carefully before initialing and signing.

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. If an investigation discloses such misrepresentations, and/or falsifications, my application could be rejected.

I certify that I will obtain all necessary certifications within the minimum qualifications for volunteer firefighters and/or EMS providers within two years of joining Caroline County Fire & Rescue Department.

Caroline County Fire & Rescue and/or any representative thereof is hereby authorized to fingerprint, investigate my personal history, criminal history, driving record, and/or employment history and concerning my capacity and fitness by employers, educational institutions, law

enforcement agencies, and other individuals and agencies duly accredited. I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract.

Electronic Signature

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my volunteer application and information.

Signature:

Date:



# Caroline County Fire & Rescue

## Applicant Background Check

### Informational

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### Driving History

Do you have a valid driver's license: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
State of license: \_\_\_\_\_ License number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Have you ever been convicted of any crime? (Traffic offenses) Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If you answered yes, please explain in detail:

Have you ever been convicted of driving while intoxicated (DWI) or driving under the influence (DUI)?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you consent to the release and review of you driver's transcript or record now and on a periodic basis during membership for repeated or significant traffic violations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## Criminal History

Do you have a legal right to work in the United States? Yes:                      No:

Have you ever been convicted in the last five years of any criminal violation(s)? Yes:      No:

If yes, please list year(s) and types of violation(s).

Have you ever been convicted of any crime? Include misdemeanors, and or felonies. Yes:                      No:

If you answered yes, please explain in detail:

## Medical History

Do you have any medical conditions or physical limitations that should be considered? Yes:                      No:

If you answered yes, please explain:

Are you currently receiving any special medical treatment or medications: Yes:                      No:

If you answered yes, please explain:

## Authorization

I authorize the Caroline County Department of Fire – Rescue and Emergency Management and this volunteer agency to investigate without liability, all statements contained in the membership application and supporting materials.

I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application.



My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, fingerprinting and physical examination if required.

Electronic Signature

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my volunteer application and information.

Signature:

Date:

Email application to: **[joinCCFR@co.caroline.va.us](mailto:joinCCFR@co.caroline.va.us)**