



# Caroline County

## Fire & Rescue

### Volunteer Membership Application

APPLICANT			
Last Name	First Name	M.I	Date
Street Address			Appt. #
City	State	Zip	
Phone	Alternate		
E-Mail			

#### Volunteer Fire Company or Rescue Squad

Which Volunteer Fire Company or Rescue Squad do you wish to Join? ( check One )

- Bowling Green Co 1   
  Ladysmith Co2   
  Port Royal Co 3   
  Sparta Co 4   
  Frog Level Co 5  
 Upper Caroline Co 6   
  Bowling Green RS 1   
  Ladysmith RS 2   
  Caroline Fire/EMS

As a member, which would you be most interested in? ( Check One )

- Emergency Medical Services (EMS)   
 Fire Suppression   
 Non Operational(cadet, support, administrative, auxiliary)

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 a Caroline County Volunteer Fire & Rescue and what alerted you to our search for new members at this time. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please tell us about any prior volunteer experience you may have. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please tell Us about any prior Fire/EMS experience you may have. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been denied or terminated membership from a public safety agency?

If yes explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

High School		Address		
From	To	Did you graduate?	Yes _____ No _____	Degree

College		Address		
From	To	Did you graduate?	Yes _____ No _____	Degree

Other		Address		
From	To	Did you graduate?	Yes _____ No _____	Degree

**Certification & Training**

Description	Do you have	Expiration Date	Certification #
CPR	<input type="checkbox"/>		
EMT-B / EMT-E	<input type="checkbox"/>		
Emt-I / Emt-P	<input type="checkbox"/>		
Firefighter Level 1	<input type="checkbox"/>		
Firefighter Level 2	<input type="checkbox"/>		
Haz-mat Awareness	<input type="checkbox"/>		
Haz-mat Operations	<input type="checkbox"/>		
ICS 100	<input type="checkbox"/>		
ICS -200	<input type="checkbox"/>		
IS-700	<input type="checkbox"/>		
EVOC	<input type="checkbox"/>		

**Employment**

List most recent employment first.

Company		Phone	
Address			
Position		Supervisor	
From	To	Reason for leaving	

Company		Phone	
Address			
Position		Supervisor	
From	To	Reason for leaving	

Company		Phone	
Address			
Position		Supervisor	
From	To	Reason for leaving	

Have you every been dismissed or forced to resign from a position?

If yes explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience**

List all prior experience with volunteer fire, EMS, and other public safety organizations.

Agency		Phone
Address		
Position		Chief
From	To	Reason for leaving

Agency		Phone
Address		
Position		Chief
From	To	Reason for leaving

Agency		Phone
Address		
Position		Chief
From	To	Reason for leaving

**References**

List three references. Do not include relatives or employers.

Full Name	Relationship	Phone
Address		

Full Name	Relationship	Phone
Address		

Full Name	Relationship	Phone
Address		

**Junior Membership**

Applicants under 18 years of age required a notarized signature of parent or legal guardian.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Commonwealth of Virginia, County of \_\_\_\_\_

(Parent/Legal Guardian) \_\_\_\_\_ acknowledge the foregoing instrument before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ in my aforesaid district.

Witness my hand and official seal

\_\_\_\_\_  
Notary Public  
My Commission Expires :

Affiant \_\_\_\_\_ Known  
\_\_\_\_\_ Produced ID: type \_\_\_\_\_

**Certification and Agreement**

This statement must be initialed and signed. Please read the following statement carefully before intialling 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, omissions, 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 the Caroline County Fire and Rescue Department.

\_\_\_\_\_ Caroline County Volunteer Fire and Rescue and/or any representative thereof is hereby authorized to make investigation of 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

# Caroline Volunteer Fire Department

Attachment - Applicant background check

Please provide the following information and authorization to complete a mandatory applicant back investigation.

## Information

Last Name	First Name	Middle
Date of Birth	Race	Gender
Driver's License Number	State	
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, explain in detail

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Have you ever been convicted of Driving While Intoxicated or Under the Influence?  Yes  No

If you answered yes, explain in detail

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Do you consent to the release and review of your 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 type of Violation(s).

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Have you ever been convicted of any crime? Include misdemeanors, and/or Felonies. \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered yes, explain in detail

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**Medical History**

Do you have any medical conditions or physical limitations that should be considered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered yes, please explained

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Are you currently receiving any special medical treatment or medications? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered yes, please explained

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**Authorization**

I authorize the Caroline County Department of fire, Rescue & 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, and physical examination if required.

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

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