



Caroline County

Fire & Rescue

Volunteer Membership Application

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

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

Volunteer Fire Company or Rescue Squad
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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
 Frog Level RS 5
 Caroline Fire/EMS

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

- Emergency Medical Services (EMS)
 Fire Suppression
 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 Caroline County Volunteer Fire & Rescue and what alerted you to our search for new members at this time. _____

Prior Fire/EMS Experience

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

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

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

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

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

List relevant Certifications. Attach copies.

Certification	Expiration

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

Professional References

List two references. **Do not include relatives or employers.**

Full Name	Relationship	Phone
Address		

Full Name	Relationship	Phone
Address		

Junior Membership: For those under 18 year old.

Applicants under 18 years of age require 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 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, 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 Fire -Rescue Department

Applicant background check

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

Informational

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

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

If you answered yes, explain in detail

Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basic 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).

Have you ever been convicted of any crime? Include misdemeanors, and/or Felonies. _____ Yes _____ No

If you answered yes, 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 & 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

Attachment - Driving Record

Applicants should complete the highlighted sections of the attached driving record request form. Please sign and return this form with your application.

INFORMATION REQUEST

CRD 93 (07/10/2012)

DMV DIRECT USE ONLY

Fee	
\$	
Add Fee	
\$	

Purpose: Use this form to request driving or vehicle information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix) Melissa Klanecky		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 54-6001188	
ORGANIZATIONAL AFFILIATION (if any) Caroline Fire-Rescue	TELEPHONE NUMBER 804-633-9831	USE AGREEMENT NUMBER (if applicable)	
STREET ADDRESS POB 1367		ACCESS CODE (if applicable)	
CITY Bowling Green	STATE VA	ZIP CODE 22427	
REASON FOR REQUEST (be specific) Volunteer Fire and EMS			
<p>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p> <p>I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210 and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.</p>			
REQUESTER SIGNATURE			DATE (mm/dd/yyyy)

INFORMATION REQUESTED			
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for each type of information requested.			
<input checked="" type="checkbox"/> PERSONAL INFORMATION FOR SUBJECT (Includes name and address)			
SUBJECT FULL NAME (last, first, mi, suffix)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)			
DRIVER LICENSE NUMBER	or	BIRTH DATE (mm/dd/yyyy)	
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.			
SUBJECT SIGNATURE			DATE (mm/dd/yyyy)
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data)			
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR	
<input type="checkbox"/> ACCIDENT REPORT			
DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	
<input type="checkbox"/> DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):		
	<input type="radio"/> Spouse	<input type="radio"/> Executor	
	<input type="radio"/> Child	<input type="radio"/> Administrator	

* Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.

Continues on Reverse Side

<input type="checkbox"/> OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY		
Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____	Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____	
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	Remarks/CSR Stamp	Fee Charged \$