

Caroline County Volunteer Fire & Rescue





**Caroline County
Volunteer
Fire & Rescue**

P.O. Box 1367
Bowling Green, VA
22427
804-633-9831



VOLUNTEER APPLICATION

FIRE EMS Associate (Check one)

Complete all sections of this application. Please print or type the required information legibly.

Personal Information

Name _____ Social Security Number _____

Date of Birth _____ Are you over 18 years of age? Yes No

Address _____ Are you a United States Citizen? Yes No

City/State/Zip _____ Daytime Telephone Number _____

Evening Telephone Number _____ Other Contact Number _____

E-Mail Address _____

Have you ever been a member of, or applied for volunteer membership to, any agency, organization, company or department under another name? Yes No

If so, what name(s)? _____

How did you learn of this opportunity to provide volunteer services? _____

Emergency Contact Information

In case of an emergency, please contact:

Name _____ Relation _____

Address _____ Daytime Telephone Number _____

City/State/Zip _____ Evening Telephone Number _____

Educational Background

High School
Last Grade Completed 9 10 11 12 Diploma/G.E.D. Yes No

School(s) Attended _____ City/State _____

College and/or Vocation School
Number of Years Completed 1 2 3 4 Degree(s) Earned _____

School(s) Attended _____ City/State _____

Employment History

List most recent employer first. Include U.S. Military Service and volunteer service. If employment was under a different name, please indicate name.

Employer _____	Description of Duties and/or Responsibilities _____
Supervisor _____	_____
Address _____	_____
City/State/Zip _____	_____
Telephone _____	_____
Position(s) _____	Reason for leaving _____
Dates of Employment _____ to _____	_____

Employer _____	Description of Duties and/or Responsibilities _____
Supervisor _____	_____
Address _____	_____
City/State/Zip _____	_____
Telephone _____	_____
Position(s) _____	Reason for leaving _____
Dates of Employment _____ to _____	_____

Employer _____	Description of Duties and/or Responsibilities _____
Supervisor _____	_____
Address _____	_____
City/State/Zip _____	_____
Telephone _____	_____
Position(s) _____	Reason for leaving _____
Dates of Employment _____ to _____	_____

If you wish to include additional experience, please attach the above information for each position on a separate sheet of paper.

Explain any gaps in employment history _____

Have you ever been discharged, asked to resign from a job, or resigned to avoid discharge? Yes No
Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.

If so, please explain _____

Service Orientation

Are you presently or have you ever been a member of any fire, rescue, EMS or emergency services organization? Yes No

If so, what agency(s)? _____

May we contact your superior officer or supervisor regarding your service? Yes No

Supervisor Name _____ Address _____

Contact Number _____ City/State/Zip _____

Are you a member of any other community service organization? Yes No

If so, what organization? _____

Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by any organization or emergency services agency? Yes No

If you answered yes, explain in detail. Be sure to include the name and address of the organization _____

Criminal History

Have you ever been convicted of any crime? Include misdemeanors, traffic offenses, and/or felonies Yes No
Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.

If you answered yes, explain in detail _____

Do you consent to a search of conviction information from your local, state, and national criminal history files? Yes No

Medical History

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

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

If you answered yes, please explain _____

Signature _____ Date _____

JUNIOR MEMBERSHIP *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) _____ acknowledged 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 _____

Name _____

Relation _____

Address _____

Daytime Telephone Number _____

City/State/Zip _____

Evening Telephone Number _____

Certification and Agreement

This statement must be signed. Please read the following statement carefully before 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. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected.

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. I consent to the release of information 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