

County of Caroline
Department of Fire-Rescue & Emergency Management

Thank you for your interest in volunteering as part of the Caroline County Fire and Rescue team. Fire and Rescue services are both challenging and rewarding work.



Please indicate the Agency listed below that you are interested in joining and return with your application.

- | | |
|--|---|
| <input type="checkbox"/> Co. 1 - Bowling Green Vol. Fire Dept. | <input type="checkbox"/> Co. 6 - Upper Caroline Vol. Fire Dept. |
| <input type="checkbox"/> Co. 2 - Ladysmith Vol. Fire Co. | <input type="checkbox"/> R1 - Bowling Green Vol. Rescue Squad |
| <input type="checkbox"/> Co. 3 - Port Royal Vol. Fire Co. | <input type="checkbox"/> R2 - Ladysmith Vol. Rescue Squad |
| <input type="checkbox"/> Co. 4 - Sparta Vol. Fire Dept. | <input type="checkbox"/> R5 - Frog Level Vol. Rescue Squad |
| <input type="checkbox"/> Co. 5 - Frog Level Vol. Fire Dept. | |

Please fill out the application completely. If you under the age of 18, your parent or legal guardian must sign the Junior Membership section on Page 3 and have it notarized.

Please complete section II only of the DMV Record Request form and sign.

Return applications to:

mail:

Caroline Fire and Rescue
Attn: Melissa Klanecky
PO Box 1367
Bowling Green, VA 22427

deliver to:

Caroline Fire and Rescue
Community Services Center Building
17202 Richmond Turnpike
Bowling Green, VA 22427

If you have any questions, please contact 804/633-9831
or email joinCCFR@co.caroline.va.us.



**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 _____

Medical History

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

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 _____

Qualifications, Skills, Training

List any fire, rescue, EMS, and/or emergency management training, experience, and certifications you currently hold. Include expiration dates and certifying state, department, or agency. Please attach copies of your certifications to this application.

List any special qualifications, skills, certificates, and/or license you hold. Include armed forces training, skills with machines, memberships in professional, scientific or academic societies, work training programs, public speaking experience, and trade schools, backgrounds, etc. You need not disclose any affiliation, certification, or membership that may reveal information regarding race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

Driving Record

Do you have a valid driver's license? Yes No

State of License _____ License Number _____ Expiration Date _____

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

Statement

Occasionally, an application makes it difficult for an individual to adequately summarize his/her complete background. Please use the space below to summarize any additional information you would like to include.

References

List three (3) references that have known you for at least two (2) years. Do not include relatives.

Name _____ Relation _____

Address _____ Daytime Telephone Number _____

City/State/Zip _____ Evening Telephone Number _____

Name _____ Relation _____

Address _____ Daytime Telephone Number _____

City/State/Zip _____ Evening Telephone Number _____

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.

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. 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



Department of Motor Vehicles
P.O. Box 27412
Richmond, Va 23269-0001

INFORMATION REQUEST

CRD-93 (09/01)

CCC USE ONLY

Fee
Add Fee

Please type or print clearly. Check one or more boxes to show the type(s) of information desired and provide all requested data.

REQUESTOR INFORMATION

Name: Last First Middle			Organizational Affiliation (if any)	
Street Address			Telephone Number ()	
City	State	Zip Code	Federal Tax ID or Social Security Number*	
Use Agreement Number (if applicable)			Access Code (if applicable)	
Reason for Request (Please be specific)				
<i>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.</i>				
Requestor's Signature			Date	

SUBJECT'S PERSONAL INFORMATION (includes name and address)

Subject's Name Last First Middle	
Address	City State Zip Code

SUBJECT'S DRIVING INFORMATION (includes license history and conviction data)

Driver's License Numb	OR	Date of Birth
Driver's Authorization (required for employers and others not authorized by Virginia code): <i>I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requestor identified above.</i>		
Driver's Signature		Date

VEHICLE INFORMATION (Includes vehicle description and registration data)

Vehicle Identification Number	Vehicle Make	Vehicle Year
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ACCIDENT REPORT

Driver's Name	Driver's License Number	Date of Accident
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OTHER INFORMATION (PLEASE BE SPECIFIC)

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DMV Customer Service Center Use ONLY

Proof of Requestor's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo ID _____		Proof Of Requestor's Organizational Affiliation <input type="checkbox"/> Request on Organization's 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: Teller's Name _____ Customer Service Center Name (not #) _____		Remarks/Teller Stamp _____ Fee Charged _____	

*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.