

Caroline County Volunteer Fire & Rescue





**Caroline County
Volunteer
Fire & Rescue**

P.O. Box 447
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? No Yes

Medical History

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

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

If you answered yes, please explain _____

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 basic 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.

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