



County of Warren

Department of Fire and Rescue Services

Application for Volunteer Membership

<p>To which organization are you applying for membership?</p> <p><input type="checkbox"/> Front Royal Station 1 <input type="checkbox"/> Warren County Station 6</p> <p><input type="checkbox"/> Rivermont Station 2 <input type="checkbox"/> Fortsmouth Station 8</p> <p><input type="checkbox"/> South Warren Station 3 <input type="checkbox"/> North Warren Station 10</p> <p><input type="checkbox"/> Linden Station 4 <input type="checkbox"/> Fire Administration:</p> <p><input type="checkbox"/> Shenandoah Shores Station 5 <input type="checkbox"/> CERT/EmComm Division</p>	<p>For which type of membership are you applying?</p> <p><input type="checkbox"/> Active/Responding</p> <p><input type="checkbox"/> Associate/Administrative</p> <p><input type="checkbox"/> Junior/Cadet (17 years of age or under)</p>
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Applicant Information:

Name: _____ Date of Birth: _____ Gender: Male Female

Physical Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (C) _____ (Email): _____

SSN #: _____ Ethnicity: (Optional) White Black Asian Indian Other _____

Are you currently, or have you ever previously been a member of another fire rescue company? Yes No

If yes, company name and location? _____ Date Joined: _____

Applicant Employment Information: Not currently employed

Present Occupation: _____ Employer: _____

Work Telephone: (_____) _____ Supervisor's Name and Title: _____

Mailing Address: _____ City/State: _____ Zip: _____

Start Date: _____ May we contact your current supervisor? Yes No

Education and Experience:

Please list any fire, EMS (or other applicable certifications/training, i.e., amateur radio, etc.) that you presently hold: _____

List highest level of education and/or specialized training completed: _____

Additional Information:

1. Have you ever been convicted of a misdemeanor or felony? Yes No
 (If yes, please explain) _____

2. Do you currently have any pending criminal charges? Yes No
 (If yes, please explain) _____

3. Do you have physical conditions preventing you from doing certain types of work? Yes No
 (If yes, please explain and give physicians name) _____

The information provided by me in this application for membership is true and complete to the best of my knowledge. I hereby authorize the volunteer fire and rescue department to which I am applying and/or the Warren County Department of Fire and Rescue Services(WCFR) to contact any family member, physician, employer, or any other individual to conduct a personal background investigation. I authorize WCFR to research my criminal history and driving record, including information available from previous fire and rescue companies I have served as listed above. I understand that these checks will be used for a pre-screening and/or ongoing risk management, allowing WCFR to check my status on an annual basis in accordance with WCFR Policy.

Signature of Applicant: _____ Date: _____

(Note: all applicants for Junior/Cadet Membership must provide a parental or guardian signature)

Signature of Parent or Guardian: _____ Date: _____

Fire Administration Use – Date application packet received: ____/____/____

FINGERPRINT CARD

Date fingerprint card received in office: _____ Date sent to OEMS: _____
Date results received from OEMS: _____ Acceptable / Not acceptable (circle one)
Fingerprint card handled by: _____

CRIMINAL & DRIVING BACKGROUND CHECKS

Criminal history check complete: Yes / No (circle) Date performed: _____
Criminal history data indicates applicant meets department standards: Yes / No (circle)
Criminal history completed by: _____

Driving history check completed: Yes / No (circle) Date performed: _____
Driving history data indicates applicant meets department standards: Yes / No (circle)
Driving history check completed by: _____ Points balance: _____

COUNTY FIRE CHIEF RECOMMENDED ACTION

Recommend approval: _____ Recommend denial: _____
Comments: _____

Signature: _____ Date: _____
Richard E. Mabie, Fire Chief

COMPANY ACTION

Membership: ___ approved ___ denied Mentor assigned: _____

Date of action: _____ If denied, why: _____

WCFR ADMINISTRATION ACTION

NVO _____ PHI Infection Control ID Badge Accountability Tags Image Trend _____
(Date) (Date)

Training/Provider Number issued: _____ FS: _____ Assignment: FF / EMS Provider / Other

Notes: _____

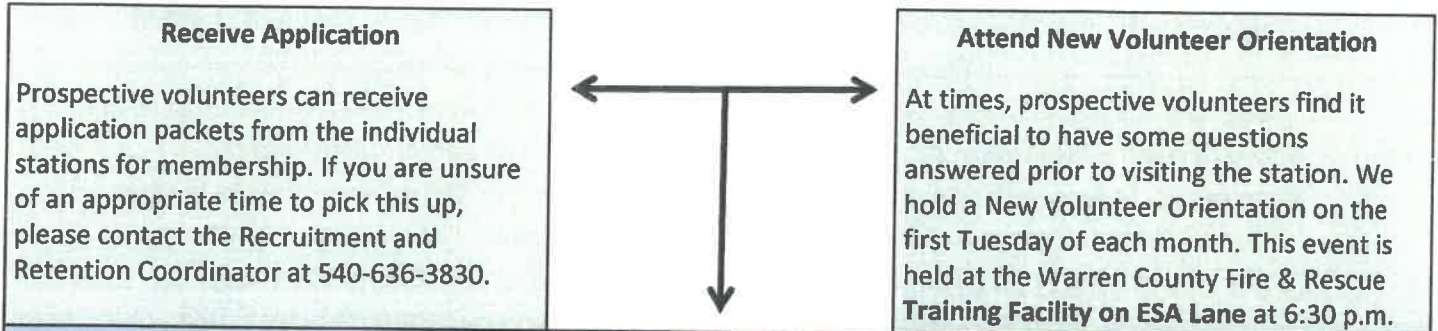


County of Warren

Department of Fire and Rescue Services

Volunteer Application Process

Applicants may begin the process however they prefer, but both steps will need to be completed prior to membership.



Fingerprints

You must be found "eligible" to volunteer by Virginia Office of Emergency Services prior to membership. This process involves obtaining fingerprints and usually takes at least 4-6 weeks. See next page below for details.

Return Application to the Station

Once completed, bring the application and fingerprint card back to the station. You can also provide copies of any certifications, to include CPR, for your file.

Prior to Membership

Until voted into membership, there are limitations as to what applicants can do. They are not permitted to participate in any training, fundraising, or responding to calls. They are however, allowed to familiarize themselves with the station, attend New Volunteer Orientation and meet other members.

Attend Monthly Membership Meeting

Your station meets on _____ for their monthly membership meeting. After your application has been submitted, expect that your information will be read at a meeting, and then voted on either at the same meeting or the following month's meeting. An affirmative vote by the membership will make you eligible for probationary membership.

Meet with Station Mentor

Each station has designated members to assist new volunteers during their probationary period. Make sure to make yourself available to meet with your mentor; be willing to learn and ask a lot of questions! We pride ourselves on the quality of service we provide, and being well trained is essential to meeting that goal.

Complete CPR

AHA Healthcare Provider CPR is offered on the 3rd Tuesday of even numbered months at no cost to our members. Members should pre-register at www.warrencountyfire.com under the Events Tab. CPR is required prior to

Complete Certification

Members are encouraged to complete either an EMS and/or Fire Academy as soon as it becomes available. In addition, we offer many other training options within the county, including the Emergency Vehicle Operator Course (EVOC).

Note: Individual stations may have slight variations from this outline; in this event follow your station's process.



County of Warren Department of Fire and Rescue Services Criminal History Record-Fingerprint Submission

Virginia Office of EMS (VAOEMS) requires all applicants of EMS agencies to submit fingerprints for the purpose of obtaining a criminal history record. Due to the level of public trust necessary when assisting those in a time of maximum physical and emotional vulnerability, it is essential to be aware of any past criminal activity. Fingerprint samples must be obtained at the listed designated locations and then submitted at your station of interest along with an application. Once submitted, the card will be forwarded to the VAOEMS and then to the Central Criminal Record Exchange (CCRE) of the Virginia State Police. This process is typically completed within 14-45 days of submission, but results are required before obtaining membership. In the event the criminal history is found unfavorable for membership, the applicant may challenge the accuracy of information on which the denial is based. Further details regarding the policy can be found under the Code of Virginia §32.1-111.5.

The samples needed for the purpose of this process must be obtained on specific electronic fingerprinting equipment and then printed onto the provided card. This machine can only be found at certain law enforcement agencies. **It is necessary to provide a valid photo ID to complete this process at all locations.** The local available sources are:

- **Warren County Courthouse** - Using the entrance of the former Warren County Jail, applicants may have fingerprint samples obtained with the assistance of the Warren County Sheriff's Department. Deputies. Anyone under the age of 18 will need to be accompanied by an adult. Please contact 540-635-3100 to schedule an appointment.
- **RSW Regional Jail** - The staff of the RSW Regional Jail is available upon request to obtain fingerprint samples. To schedule an appointment, call the Compliance and Safety Officer Monday-Friday from 0800-1600 at 540-622-6097. No one under the age of 18 can be fingerprinted in this facility. NOTE: Minors may not accompany those being fingerprinted.
- **Various Other Law Enforcement Agencies** - Many other agencies outside of Warren County provide opportunities for fingerprinting. For your convenience, research other agencies in areas you frequent. Contact Warren County Fire Administration with any questions or for assistance finding a nearby location at 540-636-3830.

Warren County Fire & Rescue How to fill out the fingerprint card

APPLICANT <small>See Fingerprint Manual for Use</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK										FBI		LEAVE BLANK							
FD-258 (REV. 3-1-10) 1110-0046				LAST NAME NAM				FIRST NAME FIRST NAME				MIDDLE NAME MIDDLE NAME											
SIGNATURE OF PERSON FINGERPRINTED		3.		ALIASES AKA				OR I VA922491Z VA DOM/OFC EMS GLEN ALLEN, VA						DATE OF BIRTH Month Day Year		DOB Year							
RESIDENCE OF PERSON FINGERPRINTED		4.		CITIZENSHIP CTZ				SEX		RACE		HGT		WGT		EYES		HAIR		PLACE OF BIRTH		POB	
DATE		14.		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO		OCA															
EMPLOYER AND ADDRESS		15.		FBI NO		FBI																	
REASON FINGERPRINTED		16.		ARMED FORCES NO		MNU																	
		17.		SOCIAL SECURITY NO		SOC																	
				13. LEAVE BLANK																			
				MISCELLANEOUS NO		MNU																	

*****DO NOT FILL ANYTHING IN UNTIL YOUR FINGERPRINT CARD HAS BEEN SIGNED BY FINGERPRINT TECHNICIAN AND HANDED BACK TO YOU*****

Take your picture ID with you for fingerprinting technician to confirm your identity and print your fingerprints directly on your blank card. All you have to do is verify the following information is correct:

1. Name (NAM) block: Verify the applicant's last name, first name, and middle name – in that order – in this space. Be sure to write out the middle name. Suffix denoting seniority (Jr., Sr., III) should follow the name.
2. Also Known As (AKA) block: Verify other names the applicant has used, especially maiden names and/or previous married names have been entered.
3. Applicant's Signature block: **DO NOT SIGN BEFOREHAND.** The applicant must sign this block in the presence of the person taking the fingerprints.
4. Applicant's Address block: Verify the applicant's complete physical address.
5. Date of Birth (DOB) block: Verify the applicant's date of birth in the format mmddyyyy. For example, if the applicant's birthday is August 18th, 1980, it should be entered as 08181980
6. Sex block: Verify F for female, M for male
7. Verify Race (RAC) block: Select one of the corresponding alphabetic codes:

CODE	RACE
I	Native American
A	Asian
B	Black
W	Caucasian / Latin

8. Verify height (HGT) block: Enter the applicant's height in feet and inches. Round off fractions to the nearest inch. For instance, applicant is 5 ft. 6 ½ inches, round off to 5' 7".
9. Verify weight (WGT) block: Enter the applicant's weight in pounds.
10. Verify eye color (EYES) block: Select the correct color from the table:

EYE COLOR	CODE	EYE COLOR	CODE	EYE COLOR	CODE	EYE COLOR	CODE	EYE COLOR	CODE
Black	BLK	Blue	BLU	Brown	BRO	Gray	GRY	Multicolor	MUL
Green	GRN	Hazel	HAZ	Maroon	MAR	Pink	PNK	Unknown	XXX

11. Verify hair color (HAIR) block: Select the color from the table:

HAIR COLOR	CODE	HAIR COLOR	CODE	HAIR COLOR	CODE	HAIR COLOR	CODE	HAIR COLOR	CODE
Bald	BAL	Black	BLK	Blonde	BLN	Blue	BLU	Brown	BRO
Green	GRN	Gray	GRY	Orange	ONG	Purple	PLE	Pink	PNK
Auburn	RED	Sandy	SDY	White	WHI	//////////	//////////	//////////	//////////

12. Verify place of Birth (POB) block: Enter the state where the applicant was born.

13. Social Security Number (SOC) block: **DO NOT FILL IN SSN – LEAVE BLANK**

14. Verify date the applicant is fingerprinted.

15. Verify the card has the signature of person taking fingerprints. The person doing the fingerprinting (not the applicant) signs in this block.

16. Verify employer and address block: For fire stations 1, 2, 3, 4, 5, 6, 8, & 10 use Warren County Fire & Rescue (address below).

17. Verify the reason fingerprinted block: Enter either volunteer or career EMS agency affiliation in this block.

Fingerprinting may be obtained with valid photo ID by calling the Warren County Courthouse at 540 635-3100. Access the building from rear entrance off Jackson Street. Minors must bring parent or guardian; not other children are admitted. Appointments for adult fingerprinting may also be obtained from RSW Regional Jail on Route 340/522 North of Front Royal by calling 540 622-6097.

NOTE: Do not fold cards at any time. Creases in the fingerprint card will result in them not being able to be processed.

Items 1 – 12 and 14 - 17 listed above are ALL required. Missing information will result in a card not being able to be processed.

Items should be printed on the card in black ink ONLY. Once all information above is entered completely and fingerprints are obtained, drop them off with the other application materials at the fire station you want to serve, or send the card to:

Warren County Fire & Rescue
200 Skyline Vista Drive, Suite 200
Front Royal, VA 22630

Questions? Call Recruitment and Retention Coordinator at 540-636-3830.

For more information about the Criminal History Record Fingerprinting process, access:
<http://www.vdh.virginia.gov/content/uploads/sites/23/2016/05/Policy.pdf>

**Excerpted from: Virginia Office of Emergency Medical Services, 1041 Technology Park Drive, Glen Allen, VA 23059*

“One Department/One Mission”