



COUNTY of ALBEMARLE
Department of Fire and Rescue
401 McIntire Road, Suite 222
Charlottesville, Virginia 22902-4596
Voice: 434.296.5833
FAX: 434.972.4123
www.ACFireRescue.org

VOLUNTEER SERVICE APPLICATION

Dear Applicant:

You must complete all sections of this application. Please print or type the required information using black or blue ink. This application should not be construed as a contract. Membership with any Albemarle County agency, department, company, or organization is at-will and may be terminated at any time with or without notice and with or without cause.

AGENCY

Please mark the agency you are interested in providing volunteer service with:

- | | |
|--|---|
| <input type="checkbox"/> Crozet Volunteer Fire Department | <input type="checkbox"/> Scottsville Volunteer Fire Department |
| <input type="checkbox"/> Earlysville Volunteer Fire Company | <input type="checkbox"/> Scottsville Volunteer Rescue Squad |
| <input type="checkbox"/> East Rivanna Volunteer Fire Company | <input type="checkbox"/> Seminole Trail Volunteer Fire Department |
| <input type="checkbox"/> Monticello Fire and Rescue | <input type="checkbox"/> Stony Point Volunteer Fire Company |
| <input type="checkbox"/> North Garden Volunteer Fire Company | <input type="checkbox"/> Western Albemarle Rescue Squad |
-

PERSONAL INFORMATION

Name: _____

Social Security Number: _____

Address: _____

Are you over 18 years of age? Yes No

City/State/ZIP: _____

Are you a United States citizen? Yes No

Other Address (School): _____

Daytime Telephone Number: _____

City/State/ZIP: _____

Evening Telephone Number: _____

E-Mail Address: _____

Other Contact Number: _____

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 Vocational 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 agency? Yes No

If so, what agency(s)? _____

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

Supervisor Name: _____ Address: _____

Telephone: _____ City/State/ZIP: _____

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

If so, what organization(s)? _____

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, 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 licenses 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 RECORDDo 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 Volunteer Service 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, and I could be disqualified from ever providing volunteer service with Albemarle County emergency services agencies in the future.

Albemarle County 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. Membership with any Albemarle County agency, department, company, or organization is at will and may be terminated at any time, with or without notice, and with or without cause.

Signature of Applicant_____
Date_____
Printed Name of Applicant