



FIRE RESCUE

ALBEMARLE COUNTY

460 Stagecoach Road, Suite F Charlottesville, VA 22902-6489
 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. Volunteer service with any Albemarle County station, agency, department, company, or organization is at-will and may be terminated at any time with or without notice and with or without cause. This application involves volunteer service only and does not create or confer any employment rights on the volunteer. The County of Albemarle expressly disclaims any employment obligations whatsoever for volunteers accepted into service.

STATION			
Please mark the agency you are interested in providing volunteer service with:			
<input type="checkbox"/> Crozet Volunteer Fire Department	<input type="checkbox"/> North Garden Volunteer Fire Company		
<input type="checkbox"/> Earlysville Volunteer Fire Company	<input type="checkbox"/> Scottsville Volunteer Fire Department		
<input type="checkbox"/> East Rivanna Volunteer Fire Company	<input type="checkbox"/> Scottsville Volunteer Rescue Squad		
<input type="checkbox"/> Fire Corps	<input type="checkbox"/> Seminole Trail Volunteer Fire Department		
<input type="checkbox"/> Hollymead Fire Rescue	<input type="checkbox"/> Stony Point Volunteer Fire Company		
<input type="checkbox"/> Ivy Fire Rescue	<input type="checkbox"/> Western Albemarle Rescue Squad		
<input type="checkbox"/> Monticello Fire Rescue	<input type="checkbox"/> High School/College Internship Program		
PERSONAL INFORMATION			
Name:	Nickname:		
Address:	Other Address (School):		
City:	City:		
State:	ZIP Code:		
E-Mail Address:	Day Telephone:		
Mobile Telephone:	Evening Telephone:		
Social Security Number:	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (MM/DD/YYYY):		
Have you ever been a member of, or applied for volunteer membership to, any station, agency, organization, company, or department under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what name(s)?			
How did you learn of this opportunity to provide volunteer services?			
EMERGENCY CONTACT INFORMATION			
Name:	Relation:		
Address:	Day Telephone:		
City:	Evening Telephone:		
State:	ZIP Code:	E-Mail Address:	

" We will provide the highest quality services to protect and preserve the lives, property, and environment of our community."

EDUCATIONAL BACKGROUND									
High School									
Last Grade Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					Diploma/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
School(s) Attended:					City/State:				
College or Vocational School									
Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+					Degree 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 Code:							
Telephone:									
Position(s):									
Dates of Employment:		to							
Reason for Leaving:									
Employer:									
Supervisor:									
Address:									
City:									
State:		ZIP Code:							
Telephone:									
Position(s):									
Dates of Employment:		to							
Reason for Leaving:									
Employer:					Description of Duties and/or Responsibilities:				
Supervisor:									
Address:									
City:									
State:		ZIP Code:							
Telephone:									
Position(s):									
Dates of Employment:		to							
Reason for Leaving:									
<i>If you wish to include additional experience, please attach the above information for each position on a separate sheet of paper.</i>									
Explain any gaps in employment history:									
Have you ever been discharged, asked to resign from a job, or resigned to avoid discharge?							<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.</i>									
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what agency(s)?			
May we contact your superior officer or supervisor regarding your service?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name:		Title:	
Address:		Telephone:	
City:		State:	ZIP Code:
Are you a member of any other community service organization?			<input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.</i>			
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL HISTORY			
Do you have any medical conditions or physical limitations that should be considered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving any special medical treatment or medications?			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			
Certification	Certifying State/Department/Agency	Expiration Date	
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 school backgrounds, etc.			
<i>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, sexual orientation, veteran status, or any other protected status.</i>			

DRIVING RECORD					
Do you have a valid driver's license?				<input type="checkbox"/> Yes	<input type="checkbox"/> 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 service for repeated or significant traffic violations?				<input type="checkbox"/> Yes	<input type="checkbox"/> 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:				Day Telephone:	
City:				Evening Telephone:	
State:		ZIP Code:		E-Mail Address:	
Name:				Relation:	
Address:				Day Telephone:	
City:				Evening Telephone:	
State:		ZIP Code:		E-Mail Address:	
Name:				Relation:	
Address:				Day Telephone:	
City:				Evening Telephone:	
State:		ZIP Code:		E-Mail Address:	
CERTIFICATION & AGREEMENT					
This statement must be signed. Please read the following statement carefully before signing.					
<p>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.</p> <p>Albemarle County Department of Fire 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.</p> <p>I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract. Volunteer service with any Albemarle County station, agency, department, company, or organization is at will and may be terminated at any time, with or without notice, and with or without cause.</p> <p>I understand and agree that, if I am accepted as a volunteer, I am not considered an employee of the County of Albemarle for any purpose, and I am entitled to no employment rights or benefits whatsoever from the County of Albemarle. Rather, this application involves volunteer service only, and creates no employment rights or obligations.</p>					
Signature of Applicant				Date	
Printed Name of Applicant					