

CHESTERFIELD FIRE & EMS

Volunteer Fire and Rescue Squad Membership Application



Name: _____

Address: _____ City _____ State _____ ZIP code _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____
(Circle "Home" or "Cell" to indicate your primary choice for contact)

Email: _____

Date of Birth: _____ Gender: Female Male

EMERGENCY CONTACT INFORMATION

Name: _____ Contact Phone Number: _____

WORK INFORMATION

Current Employer: _____

Address: _____ Phone: _____

Your position/title/duties: _____

Supervisor Name/Title: _____

May we contact your employer? _____

MEMBERSHIP

Type of membership you are interested in applying for: (check all that apply)

Operational:

- Firefighter Emergency Medical Services Emergency Operations Support

Please list any certifications in firefighting or emergency medical services that you currently have or have previously held.

Non-operational (indicate special skills and/or interests—check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Commercial sewing | <input type="checkbox"/> Human resources |
| <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Information technology |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Finance and accounting | <input type="checkbox"/> Public Relations/Education |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Training instructor |

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Do you have transportation to respond to the fire company or rescue squad for duty shifts, meetings, training, etc.?

YES NO

Have you previously been a member of or applied for membership in any fire department, brigade or rescue squad?

YES NO

If yes, please provide the following information:

Organization: _____

Dates of Service: _____

Address: _____

Telephone Number/Contact: _____

In the space provided, briefly explain why you would like to join a volunteer fire department, what you hope to gain from membership, and what you have to offer a volunteer fire company.

REFERENCES

We would like to call at least two people who are not related to you and who have a definite knowledge of your qualifications for membership i.e. Friend, Co-worker, Teacher, religious leader, etc. Do not repeat names listed above.

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

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How did you hear about Chesterfield Fire and EMS volunteer opportunities: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Friend or family | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Flyer or banner | <input type="checkbox"/> Fire department open house |
| <input type="checkbox"/> Chesterfield County website | <input type="checkbox"/> Advertisement at local business |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |

READ CAREFULLY BEFORE SIGNING

Certification of Application Information

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time. I also understand that the results of my background investigation could immediately end my membership with Chesterfield Fire and EMS. I agree to hold Chesterfield Fire and EMS, its officers, and personnel harmless if these events should occur.

Authorization to Obtain Information

I authorize Chesterfield Fire and EMS to conduct a background investigation in connection with my volunteer application. This investigation may include information as to my police convictions, Division of Motor Vehicle records, and other appropriate sources. I authorize the release of any information that Chesterfield Fire and EMS may request from the above sources. All information received by the Department will be used in accordance with applicable law.

Applicant Signature: _____ Date: _____

(Please attach a copy of your Driver's License, or Government issued picture ID)

**Volunteer Coordinators, please submit this application and other application documents
(listed below)
to HR Division, Attention David Tesh**

- Release of Information form for Criminal Background Check
- Drug and alcohol Acknowledgement Form
- DMV Request for Driving Record Form
- Turnout Gear Memo – (for Firefighter applicants)
- Beneficiary Card (for Fire applicants)