



Application for Volunteer Service New Kent Fire-Rescue

Post Office Box 209
New Kent, VA 23124
(804) 966-9618



Click on the green Help icon for instructions

STATION			
Please mark the location you are interested in providing volunteer service with:			
<input type="checkbox"/> Fire Station 1	<input type="checkbox"/> Please forward my information to the entity selected at left for consideration of additional individual membership with the designated response agency.		
<input type="checkbox"/> Fire Station 2			
<input type="checkbox"/> Fire Station 3			
<input type="checkbox"/> Fire Station 4			
<input type="checkbox"/> No Preference - Countywide			
PERSONAL INFORMATION			
Name:		Nickname:	
Address:		Other Address (i.e. School):	
City:		City:	
State:		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:		E-Mail Address:	



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 AND VOLUNTEERED SERVICE HISTORY									
List most recent history first. Include U.S. Military Service, volunteer service, and employment 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:					Description of Duties and/or Responsibilities:				
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(s)?					<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						
Are you able to perform the essential duties required of a Firefighter/EMT?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require any accommodations to perform these duties?					<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.

I certify that all of the statements made in this application are true and accurate to the best of my ability. I understand that an incomplete or false answer may be grounds for disqualification or dismissal from volunteer service. I understand that all information contained in this application may be subject to verification, and authorize New Kent County to conduct a background investigation pursuant to my service with the County.

I understand that the County will conduct a driving record check through the Department of Motor Vehicles, and I authorize this to be done. I understand that I may be required to take a County physical examination in order to establish and demonstrate my ability to perform certain functions necessary for this operational position. I understand that this application is not intended to be a contract of employment. My volunteer service may be terminated by New Kent Fire-Rescue at any time, with or without cause.

As my application is processed, all or part of the information which is contained herein may be disseminated to another agency, a non-governmental organization, system or person who would not have regular access to the information for purposes of application evaluation. By signing this application, I am providing the County with permission to disseminate the information as deemed necessary by the County.

I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connection therewith. I voluntarily grant New Kent County the right to investigate and verify the information and statements I have provided in this application and agree to hold all persons harmless with respect to any information they may give, receive or verify.

I have read the above statements and agree to all terms and conditions.

Signature of Applicant	Date
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Printed Name of Applicant

