



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.

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**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 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 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.

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.

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.

Signature of Applicant	Date
Printed Name of Applicant	