



County of Warren

Department of Fire and Rescue Services

Application for Volunteer Membership

<p>To which organization are you applying for membership?</p> <p><input type="checkbox"/> Front Royal Station 1 <input type="checkbox"/> Warren County Station 6</p> <p><input type="checkbox"/> Rivermont Station 2 <input type="checkbox"/> Fortsmouth Station 8</p> <p><input type="checkbox"/> South Warren Station 3 <input type="checkbox"/> North Warren Station 10</p> <p><input type="checkbox"/> Linden Station 4 <input type="checkbox"/> Fire Administration:</p> <p><input type="checkbox"/> Shenandoah Shores Station 5 CERT/EmComm Division</p>	<p>For which type of membership are you applying?</p> <p><input type="checkbox"/> Active/Responding</p> <p><input type="checkbox"/> Associate/Administrative</p> <p><input type="checkbox"/> Junior/Cadet (17 years of age or under)</p> <p>T-shirt size? (Adult) __XXL__ XL__ L__ M__ S</p>
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Applicant Information:

Name: _____ Date of Birth: _____ Gender: Male Female

Physical Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (C) _____ (Email): _____

SSN #: _____ (Required) Ethnicity: (Optional) White Black Asian Indian Other _____

Are you currently, or have you ever previously been a member of another fire rescue company? Yes No

If yes, company name and location? _____ Date Joined: _____

Applicant Employment Information:

Not currently employed

Present Occupation: _____ Employer: _____

Work Telephone: (____) _____ Supervisor's Name and Title: _____

Mailing Address: _____ City/State: _____ Zip: _____

Start Date: _____ May we contact your current supervisor? Yes No

Education and Experience:

Please list any fire, EMS (or other applicable certifications/training, i.e., amateur radio, etc.) that you presently hold: _____

List highest level of education and/or specialized training completed: _____

Additional Information:

1. Have you ever been convicted of a misdemeanor or felony? Yes No
(If yes, please explain) _____

2. Do you currently have any pending criminal charges? Yes No
(If yes, please explain) _____

3. Do you have physical conditions preventing you from doing certain types of work? Yes No
(If yes, please explain and give physicians name) _____

The information provided by me in this application for membership is true and complete to the best of my knowledge. I hereby authorize the volunteer fire and rescue department to which I am applying and/or the Warren County Department of Fire and Rescue Services(WCFR) to contact any family member, physician, employer, or any other individual to conduct a personal background investigation. I authorize WCFR to research my criminal history and driving record, including information available from previous fire and rescue companies I have served as listed above. I understand that these checks will be used for a pre-screening and/or ongoing risk management, allowing WCFR to check my status on an annual basis in accordance with WCFR Policy.

Signature of Applicant: _____ Date: _____

(Note: all applicants for Junior/Cadet Membership must provide a parental or guardian signature)

Signature of Parent or Guardian: _____ Date: _____

Fire Administration Use – Date application received: ____/____/____

VAOEMS ELIGIBILITY LETTER

Date eligibility letter received in office: _____ Acceptable / Not acceptable
(Circle one)

CRIMINAL & DRIVING BACKGROUND CHECKS

Criminal history check complete: Yes / No (circle) Date performed: _____
Criminal history data indicates applicant meets department standards: Yes / No (circle)
Criminal history completed by: _____

Driving history check completed: Yes / No (circle) Date performed: _____
Driving history data indicates applicant meets department standards: Yes / No (circle)
Driving history check completed by: _____ Points balance: _____

COUNTY FIRE CHIEF RECOMMENDED ACTION

Recommend approval: _____ Recommend denial: _____
Comments: _____

Signature: _____ Date: _____
James G. Bonzano II, Fire Chief

COMPANY ACTION

Membership: ___ approved ___ denied Mentor assigned: _____

Date of action: _____ If denied, why: _____

WCFR ADMINISTRATION ACTION

NVO _____ PHI Infection Control ID Badge Accountability Tags CPR/Expiration _____
(Date) (Date)

Training/Provider Number issued: _____ FS: _____ Added to Image Trend by _____ on _____
(Date)

Assignment: FF / EMS Provider / Other EMS License # _____

Notes: _____



How volunteers may schedule fingerprinting: VAOEMS is now requiring electronic fingerprints for all Fire & Rescue volunteer and career personnel. This means fingerprint cards will no longer be accepted. [Visit this link:](#)

<https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/volunteer-agency-fingerprinting/> and follow the

prompts to sign up for fingerprinting. When the page appears, you will be asked to fill in your affiliation. See below for details:

Volunteer Agency Fingerprinting:

You are a *non-certified member* unless you hold a valid EMT-B or higher certification as a provider (red button). If you hold a current certification as an EMS Provider (EMT-B or higher), you may choose the teal blue button-Virginia Certified Provider, and have your number ready.

Note: Volunteers who have certifications as *firefighters* or *drivers* are still considered non-certified, if they do not also have a valid EMS Provider certification.

Teal/Blue Button: Volunteer – Certified EMS Provider

Item 1 in the numbered list that appears provides the link to create an account with password and make the appointment.

Items 2-7 provide directions for creating the account, making the appointment, and who to contact with questions about accessing the Fieldprint website.

Note: Item 4 is the **Fieldprint code (FPV1041C)** you will need to access the service and it is different from the Non-Certified code. You may want to highlight the code listed under item 4 and copy it to your clipboard to paste when asked for the Fieldprint Code. **Warren County Fire and Rescue is agency code #943.**

Red Button: Volunteer – Non-Certified Member (e.g. Driver, Firefighter)

Item 1 in the numbered list that appears provides the link to create an account with password and make the appointment.

Items 2-7 provide directions for creating the account, making the appointment, and who to contact with questions about accessing the Fieldprint website.

Note: Item 4 is the **Fieldprint code (FPV999NC)** you will need to access the service. This code differs from the certified code, so make sure you get the right one. You may want to highlight the code and copy it to your clipboard to paste when asked for the Fieldprint Code. **Warren County Fire and Rescue is agency code #943.**

After you have successfully entered your information and created an account with a password, you may schedule an appointment for fingerprinting at **The UPS Store 7189, located at 424a South Street, Front Royal, VA 22630.** They are open 8 a.m. to 6 p.m., Monday through Friday and 8 a.m. to 4 p.m. on Saturday. Please verify the documents you will need to take with you, including a photo ID, in order to complete the process. If you have any problems, contact Warren County Fire and Rescue at (540) 636-3830.

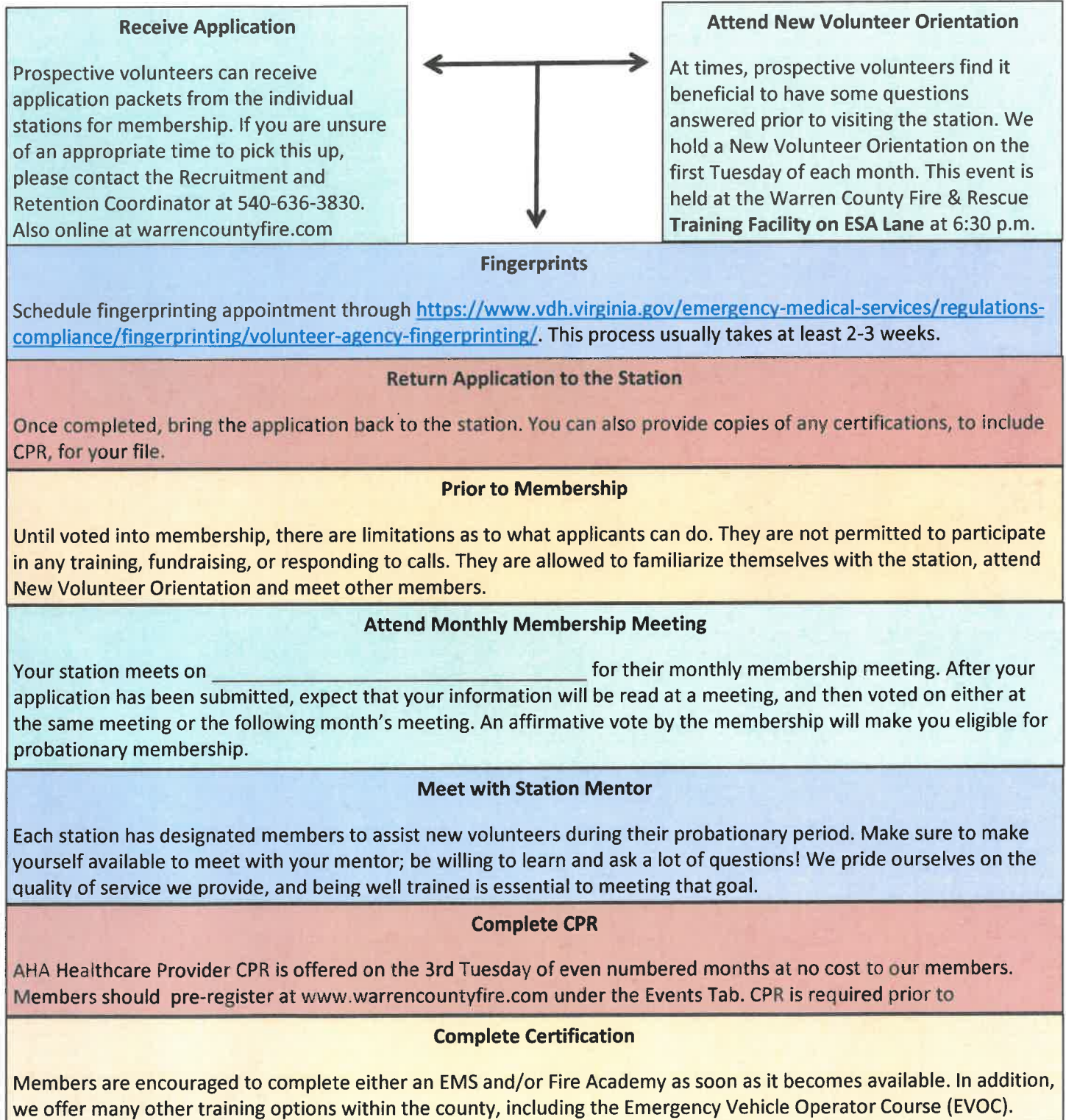


County of Warren

Department of Fire and Rescue Services

Volunteer Application Process

Applicants may begin the process wherever they prefer, but both steps will need to be completed prior to membership.



Note: Individual stations may have slight variations from this outline; in this event follow your station's process.