



**GOOCHLAND COUNTY DEPARTMENT
OF
FIRE-RESCUE & EMERGENCY SERVICES
VOLUNTEER APPLICATION**

GOOCHLAND COUNTY FIRE-RESCUE
PO BOX 247
GOOCHLAND, VA 23063
(804) 556-5304
WWW.GOOCHLANDFIRE-RESCUE.ORG

GOOCHLAND COUNTY DEPARTMENT OF FIRE-RESCUE VOLUNTEER MEMBERSHIP APPLICATION

Membership Type: Fire Only Rescue Only Fire & Rescue Auxiliary Associate

Preferred Station: 1 - Manakin 4 - Fife No preference County of Residence? _____
 2 - Crozier 5 - Courthouse Prior Member of Goochland Fire-Rescue?
 3 - Centerville 6 - Hadensville Yes No

PERSONAL

Last Name _____ First _____ Middle _____ Suffix _____
Address _____ City _____ State _____ Zip _____
Cell # _____ Home # _____ Business # _____ E-mail _____

EMPLOYMENT/EXPERIENCE

Are you or have you ever been affiliated with a volunteer or professional firefighting or EMS organization? Yes No
If yes, please give the name and dates of membership/employment and contact information.

Agency _____ Contact _____ Phone Number _____
Agency _____ Contact _____ Phone Number _____
Agency _____ Contact _____ Phone Number _____

Current Employer _____ Position _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ May we contact? Yes No How long in position? _____

EDUCATION

Check Highest Level Completed: High School 9 10 11 12
College/Trade/Business 1 2 3 4 Major? _____
Master's Degree Yes No Major? _____

Do you have current certifications applicable to your desired membership? If yes, please provide copies of any related certifications as attachments to this application. Yes No

Please list any professional designations

Other special knowledge, skills, or qualifications

EMERGENCY CONTACT AND MEDICAL INFORMATION

Do you have any physical condition that may limit your performance in any emergency or non-emergency situation? If yes, please explain. Yes No

Emergency Contact _____ Cell # _____ Home # _____
Emergency Contact _____ Cell # _____ Home # _____

PERSONAL RECORD INFORMATION

Chapter 10, Article IV "Criminal Background Check" of the Goochland County Code of Ordinances states that the County will conduct a criminal history record check on each applicant for employment under contract with any County agency, each applicant for employment by any agency or intergovernmental authority of which the County is a member, and each applicant for County volunteer service. In accordance with this provision, if you wish to be considered for a volunteer position, please complete the information below. **All applicants** (including emergency responders, associates, auxiliary, Board of Directors, and clerical staff) must submit to criminal history, FBI fingerprinting, and driving history record checks. **I also understand that the County will conduct a DMV driving history records check annually.**

Have you even been arrested or convicted of any violation(s) of the law, including moving traffic violations or juvenile convictions committed after your fourteenth (14th) birthday and/or do you have any pending charges? Yes No

If yes, please provide a description - include any charges that may be pending against you or of which you are the subject. Attach additional sheets if needed. Additional sheets attached? Yes No

CERTIFICATION AND SIGNATURE

I certify the information given in this application is true and correct to the best of my knowledge. I understand that, in the event of my acceptance into membership by Goochland County Department of Fire-Rescue and Emergency Services, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I further understand that a negative criminal history report will not necessarily disqualify me from volunteering. I hereby agree to the release of my records for the criminal history, FBI fingerprinting, and driving history checks.

Last Name _____ First _____ Middle _____ Suffix _____

Birthdate _____ Current Age? *(under 18 requires parent/legal guardian signature)* _____ Gender _____ US Citizen? _____

Valid Driver's License? _____ State Issued By? _____ Driver's License # _____ SSN _____

Signature - SIGN IN PRESENCE OF NOTARY PUBLIC _____ Date _____

Parent/Legal Guardian Signature - SIGN IN PRESENCE OF NOTARY PUBLIC _____ Date _____ Relationship? _____

COMMONWEALTH OF VIRGINIA, CITY/COUNTY OF _____ THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20_____ BY _____.

Notary Public _____ Commission Number _____ Commission Expires _____

DEPUTY CHIEF OF OPERATIONS	<input type="checkbox"/> Recommended	INTERVIEW PANEL	<input type="checkbox"/> Recommended	FIRE-RESCUE CHIEF	<input type="checkbox"/> Approved
	<input type="checkbox"/> Not Recommended <small>(REQUIRES DOCUMENTATION)</small>		<input type="checkbox"/> Not Recommended <small>(REQUIRES DOCUMENTATION)</small>		<input type="checkbox"/> Not Approved <small>(REQUIRES DOCUMENTATION)</small>
	Signature _____		Signature _____		Signature _____
Date _____	Date _____	Date _____			



**GOOCHLAND COUNTY DEPARTMENT OF FIRE-RESCUE AND EMERGENCY SERVICES
NATIONAL BACKGROUND SCREENING CONSENT FORM**

Last Name _____ First _____ Middle _____ Suffix _____

Address _____ SSN _____

City _____ State _____ Zip _____ Birthdate _____

I, _____, authorize and give consent for Goochland County Department of Fire-Rescue and Emergency Services to obtain information regarding myself. This includes the following:

- Local and national criminal background records/information
- All 50 state sex offender registries
- Full address trace
- Social security verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing Goochland County Department of Fire-Rescue and Emergency Services my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with the organization.

Signature

Date



Goochland County Department of Fire-Rescue and Emergency Services Personal Reference Form (3 References Needed)

*References must have known the applicant for **at least one (1) year** and complete this form in its entirety. References from individuals who have not known the applicant for at least a year and forms that are incomplete will not be accepted. Accuracy is of the utmost importance. Once you have completed this questionnaire, please seal it in an envelope and return to the applicant. Thank you for your assistance.*

Applicant Name _____ Date _____

Reference Name _____ Relationship to Applicant _____

Address _____ Home _____ Cell _____

City _____ State _____ Zip _____ E-mail _____

1. How long have you known the applicant and in what capacity? _____

2. Give an example of the applicant's leadership skills. _____

3. Give an example of the applicant's motivation. _____

4. Give an example of the applicant's initiative. _____

5. Give an example of the applicant's reliability. _____

6. Give an example of the applicant's level of honesty. _____

7. What are some of the applicant's strengths? _____

8. What are some of the applicant's weaknesses? _____

9. Have you ever seen the applicant in a stressful situation and how did he/she react? _____

10. How would you describe the applicant's temperament and ability to maintain self-control? _____

Personal Reference Form continued

Applicant Name _____

11. Has the applicant used or been involved with any illegal drugs or substances? If yes, please explain. _____

12. Has the applicant been involved with any type of illegal or inappropriate activity? If yes, please explain. _____

13. How would you describe the applicant's driving behavior? _____

14. How would you describe the applicant's alcohol usage? _____

15. What concerns or reservations would you have about the applicant's ability to perform in the position for which they have applied? _____

16. Can you offer any reason why the applicant should not be considered for this position? If yes, please explain. _____

17. Do you know of anyone else we could contact who could provide us with information about the applicant that would help us in this decision making process?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Other Notes/Comments: _____

Signature _____



**Goochland County Department of Fire-Rescue and Emergency Services
Media/Photo Release Form**

Please print clearly:

Last Name _____ First _____ Middle _____ Suffix _____

Address _____ City _____ State _____ Zip _____

As part of my membership, association, or employment with Goochland County Department of Fire-Rescue and Emergency Services, I understand that photos, videos, and quotations may be taken for use in publications and reports about the Department. I further understand that members of the news media invited to cover any programs or events may take photos, videos, and quotations. I hereby grant permission to use such materials for the promotion of the Department.

Signature

Date

Signature of Parent/Legal Guardian (if under 18)

Date



Goochland County Department of Fire-Rescue and Emergency Services Uniform/Equipment Return Policy Agreement

Please print clearly:

Last Name _____ First _____ Middle _____ Suffix _____

Address _____ City _____ State _____ Zip _____

I agree to return all personal protective equipment, uniforms, and any other items issued to me by Goochland County Department of Fire-Rescue and Emergency Services. I understand it is my responsibility to deliver all issued items to the Fire-Rescue Administration office within thirty (30) days of my resignation or termination, unless extenuating circumstances prevent me from doing so. I further understand that I will be billed for all unreturned items at their current depreciation values.

Signature

Date

Signature of Parent/Legal Guardian (if under 18)

Date