



Victoria Fire & Rescue Inc.

Please return to:
Victoria Fire & Rescue Inc.
P.O. Box 1419
Victoria, Va. 23974

ATTN: Application

APPLICATION

Version 11282019

Instructions: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the certification process and therefore should represent your best effort. Incomplete applications will NOT be considered.

Application Requirements

- Be at least 16 years of age
- Be of sound physical and mental condition and capable of performing assigned duties
- Be able to speak and understand the English language
- NOT be addicted to drugs or intoxicating substances
- Never have been convicted of a felony involving any sexual or other serious crimes
- Undergo a physical by their family doctor, of which the results will be submitted on the medical form furnished in the application package
- Undergo a criminal background check

Please Check Status Applying For:

Active Fire Service

The Active Fire Service shall consist of members who meet the following requirements:

- Be enrolled in a Fire Fighter I or Emergency Vehicle Operations Course and Basic Pump Operations within six (6) months of being sworn into the company, or as soon as the courses become available. If a member fails to obtain one of these certifications within twelve (12) months, the member will be transferred to Associate Fire Service until he/she can complete the necessary courses.
- Maintain certification in Fire Firefighter I or higher, or Emergency Vehicle Operations Course Class III and Basic Pump Operations.
- Maintain CPR certification.
- Attend at least one (1) business meeting per quarter.
- Attend at least one (1) department scheduled training per quarter.
- Assist with at least one (1) fundraiser per year.
- Staff a fire apparatus for the minimum hours as required by the fire and EMS staffing policy, using the current scheduling mechanism.
- Complete a monthly inventory of a fire apparatus or participate in the operation of a fire apparatus

Active Fire Service members have a vote in department business and may hold an office.

Active EMS Service

The Active EMS Service shall consist of members who meet the following requirements:

- Be enrolled in an Emergency Medical Technician, or Emergency Vehicle Operations Course and a CPR class meeting the VA Office of EMS requirements within six (6) months of being sworn into the company, or as soon as the courses become available. If a member fails to obtain one of these certifications within twelve (12) months, the member will be transferred to Associate EMS Service until he/she can complete the necessary courses.
- Maintain certification in Emergency Medical Technician or higher, or Emergency Vehicle Operations Course Class II and CPR
- Attend at least one (1) business meeting per quarter.
- Attend at least one (1) department scheduled training per quarter.
- Assist with at least one (1) fundraiser per year.
- Staff an EMS apparatus for the minimum hours as required by the fire and EMS staffing policy, using the current scheduling mechanism.
- Complete a monthly inventory of an EMS apparatus or participate in the operation of an EMS apparatus

Active EMS Service members have a vote in department business and may hold an office.

Associate Fire Service

The Associate Fire Service shall consist of members who meet the following requirements:

- Maintain CPR certification.
- Attend at least one (1) business meeting per quarter.
- Attend at least one (1) department scheduled training per quarter.
- Assist with at least one (1) fundraiser per year.
- Staff a fire apparatus for the minimum hours as required by the fire and EMS staffing policy, using the current scheduling mechanism.
- Complete a monthly inventory of a fire apparatus

Associate EMS Service

The Associate EMS Service shall consist of members who meet the following requirements:

- Maintain CPR certification.
- Attend at least one (1) business meeting per quarter.
- Attend at least one (1) department scheduled training per quarter.
- Assist with at least one (1) fundraiser per year.
- Staff an EMS apparatus for the minimum hours as required by the fire and EMS staffing policy, using the current scheduling mechanism.
- Complete a monthly inventory of an EMS apparatus

_____ Junior Fire Service

The Junior Fire Service shall consist of members who meet the following requirements:

- Maintain CPR certification.
- Attend at least one (1) business meeting per quarter.
- Attend at least one (1) department scheduled training per quarter.
- Assist with at least one (1) fundraiser per year.
- Staff a fire apparatus for the minimum hours as required by the fire and EMS staffing policy, using the current scheduling mechanism.
- Complete a monthly inventory of a fire apparatus

_____ Junior EMS Service

The Junior EMS Service shall consist of members who meet the following requirements:

- Maintain CPR certification.
- Attend at least one (1) business meeting per quarter.
- Attend at least one (1) department scheduled training per quarter.
- Assist with at least one (1) fundraiser per year.
- Staff an EMS apparatus for the minimum hours as required by the fire and EMS staffing policy, using the current scheduling mechanism.
- Complete a monthly inventory of an EMS apparatus

Name: _____
(last) (first) (middle)

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

Email Address: _____

Social Security Number: _____ - _____ - _____

Driver's License #: _____

Date of Birth: _____
(month) (day) (year)

In Case of Emergency, Please Notify the Following

Name: _____ Relationship: _____

Address: _____

Phone #: () - - () - -

Doctor's Name: Telephone #: () - -

EDUCATION

Name of last high school attended: _____

Address: _____

Grade Completed: Date Attended: _____

Name of College or University: _____

Address: _____

Number of credits / degree received: _____

Date attended: _____

Other relevant training that should be included in your emergency services file
(Attach copies of certificates if applicable)

Special skills, interests, or hobbies:

Foreign languages spoken or read:

EMPLOYMENT

Current Employer: _____

Address: _____

Telephone #: (____) - _____

Dates Employed: From: _____ To: _____

Previous Employer: _____

Address: _____

Telephone #: (____) - _____

Dates Employed: From: _____ To: _____

HAVE YOU EVER APPLIED TO OR BEEN A MEMBER OF A RESCUE SQUAD/FIRE DEPARTMENT? YES NO
PLEASE LIST THE FOLLOWING FOR EACH AGENCY TO WHICH YOU HAVE PREVIOUSLY BELONGED.

Agency: _____

Position: _____

Dates of experience: _____

Agency/department supervisor: _____

Special training of certifications received: _____

Agency: _____

Position: _____

Dates of experience: _____

Agency/department supervisor: _____

Special training or certifications received: _____

Please list any other professional or volunteer experience which may be helpful in your position as a Volunteer
Emergency Services Provider:

Restrictions that might/will affect your availability work (family, work schedules, medical restrictions, etc.):

Times available for training/duty:

Times not available:

Please provide the following information for five (5) people who can attest to your qualifications and interest as a volunteer EMERGENCY SERVICES PROVIDER:

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone :_(_____)_____ Work Phone: _(_____)_____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone :_(_____)_____ Work Phone: _(_____)_____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _(_____)_____ Work Phone: _(_____)_____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _(_____)_____ Work Phone: _(_____)_____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Please attach copies of the following to this application:

1. EMS certifications (issued from state agency)
2. Department of Fire Programs certifications (issued from state agency)
3. DMV driving transcript
4. Documentation of vaccination status – Measles, Mumps, Rubella(MMR), Chickenpox, and pertussis (whooping cough).
5. Completed medical release

Medical Statement of Personnel (To be complete by the applicant)

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated. If any of the questions are answered "YES," be sure the answer is fully explained.

Name: _____

Address: _____

City & State: _____ Zip: _____

1. Birth Date: Month: _____ Day: _____ Year: _____

2. Eyesight:

- a. Have you lost use of either eye? _____ R _____ L Yes No
- b. Is peripheral (side) vision restricted? Yes No
- c. Are you color blind? Yes No
- d. Do you have, or have you ever had cataracts? Yes No
- e. Are actual deficiencies corrected by glasses or contacts? Yes No
- f. Date of last eye exam: _____

3. Hearing:

- a. Do you have difficulty hearing normal conversation level? Yes No
- b. Do you use a hearing aid? Yes No

4. Diabetes:

- a. Have you ever been treated for diabetes? Yes No
- b. Describe current medication and dosage, if any, and method of administration under "Remarks"
- c. Date of latest blood sugar test: _____

5. Heart:

- a. Have you ever been treated for heart disease? Yes No
- b. Describe condition: _____
- c. Describe current medication and dosage, if any, under "Remarks"
- d. Do you have a pacemaker? Yes No
- e. Date of last treatment or check-up: _____

6. Epilepsy:

- a. Have you ever been treated for epilepsy? Yes No
- b. If "Yes," when was you last seizure? _____
- c. Describe current medication and dosage, if any, under "Remarks"

7. Blood Pressure:

- a. Have you ever been treated for high blood pressure? Yes No
- b. If "Yes," when were you treated? _____
- c. What was your last reading? _____
- d. Describe current medication and dosage, if any, under "Remarks."

8. Limbs:

- a. Have you lost an arm or leg? Yes No
- b. Have you lost the use of an arm or leg? Yes No
- c. Does vehicle have special controls? Yes No
- d. If "Yes," to any of the above, describe under "Remarks"

9. Miscellaneous:

- a. Have you ever had, or been treated for convulsions? Yes No
- b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "Remarks"
- c. Have you ever had any fainting spells? Yes No
- d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "Remarks"
- e. Have you ever been treated for loss of equilibrium? Yes No
- f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "Remarks"
- g. Have you ever been treated for alcohol or drug abuse? Yes No
- h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "Remarks"
- i. Have you ever been treated for mental illness? Yes No
- j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "Remarks"

10. Are you under the care of a physician for any condition not mentioned above that may affect your ability to participate in fire and emergency services? Yes No

Remarks:

The answers to the above are complete, accurate, and true to the best of my knowledge.

Signature of Person Named Above

Date

Attending Physician Statement

_____ has applied for membership with Victoria Fire and Rescue Company, Inc. Due to the strenuous nature of rescue work requires both physical and mental stability of personnel, this agency requests each applicant to complete a medical questionnaire and to obtain written verification from their physician certifying his/her ability to participate in the activities of the agency.

Physician Confirmation

Upon examination, I find no evidence of illness or injury which would preclude this individual from participating in any activities related to the fire or emergency medical services.

Physician's Signature

Date

Physician's name (Please Print)

Telephone Number

Address

City

State

Zip

By signing this application for membership, I hereby agree that the information provided is complete and accurate. I further understand that by providing this information I agree that the agency may verify the information received in evaluation of my application.

Signature of Applicant	Date
Signature of Parent/Guardian(applicants under 18)	Date
Agency Representative	Date

TO BE COMPLETED BY AGENCY

Application received on ___/___/___
 Company notified of applicant’s request for membership on ___/___/___

Attachments:

- ____ Certifications
- ____ DMV Transcript
- ____ Vaccination status
- ____ Medical release

(APPLICATION APPROVED FOR MEMBERSHIP)

Application approved on ___/___/___
 Applicant notified of approval on ___/___/___

(APPLICATION DENIED MEMBERSHIP)

Application denied on ___/___/___ for the following reason(s):

Applicant notified of denial on ___/___/___