



Roanoke County Fire & Rescue Department Volunteer Application

Volunteer Organization: _____

Applicant Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Employer: _____ Address: _____

Position held: _____

Next of Kin: _____ Relationship: _____

Phone: _____ Address: _____

New Applicant	<input type="checkbox"/>
Previous Volunteer	<input type="checkbox"/>
Currently a Volunteer w/another RCFRD organization	<input type="checkbox"/>

EDUCATION/QUALIFICATIONS

Please list highest level of education: _____

Current OEMS, VDFP or VAVRS Certifications held: _____

Do you have a valid Virginia driver's license: Yes No

REFERENCES

List three persons who are not related to you who know your qualifications or your character

Name	Address	Phone	Relationship	Occupation

BACKGROUND

Have you ever been convicted of any violation(s) of the law? Yes No

Please note the type of violation(s): Felony Misdemeanor Traffic (moving) violation-excluding minor traffic violations

Description of offense(s): _____

Date of Charge(s): _____ Date of Conviction(s): _____ County, City, State of Conviction(s): _____

If more than one offense, please include additional information on an attached plain sheet of paper.

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of acceptance or termination of volunteering status, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history checks. I further understand that I may have to pass a medical examination as a condition of my volunteering and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application.

I acknowledge that I have read and understand the above statements and by submission of this application hereby grant permission to confirm the information supplied on this application.

If 16 or 17 years of age you must have parental consent signature Date

Signature of Applicant Date

_____ Sign	_____ Date	1. Approval for applicant to meet w/ RCFRD Volunteer Office w/ pink copy by appointment (777-8706)
_____ Sign	_____ Date	2. Accepted by organization for membership (send yellow copy to Volunteer Office)
_____	_____	3. Membership Denied