



# Roanoke County Fire & Rescue Department Volunteer Application

Volunteer Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Applicant   
 Previous Volunteer   
 Currently a Volunteer w/another RCFRD organization

Date of Birth: \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

### **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)
Sign	Date	3. Membership Denied