



Shenandoah County  
Volunteer Fire and Emergency Medical Services  
Application



# SHENANDOAH COUNTY VOLUNTEER FIRE AND RESCUE MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name: *(first, middle, last)*

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Email:

Cell Phone:

Driver's License #:

## EMPLOYER INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

## EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Cell Phone:

## REFERENCES

Name

Address

Phone

## EDUCATIONAL BACKGROUND

High School:

College:

Post Graduate:

Military Experience:

## MEMBERSHIP DETAILS

Department you would like to join:

Type of membership you are interested in applying for: (choose any that may apply)

Active Firefighter

Active EMT

Associate/Honorary Member

Junior/Cadet Member

Auxiliary/Support Member

Other:

Have you held a previous membership with any Fire and EMS company?

Yes

No

If yes, Please provide the name of the organization:

## SPECIAL SKILLS/EXPERIENCE

Computer Skills

Photography

Fund Raising

Public Relations

Recruitment

Public Speaking

Other:

Certifications in Firefighter/EMS:

EMT Certification Number: *(if applicable)*

## SHENANDOAH COUNTY VOLUNTEER FIRE AND RESCUE MEMBERSHIP APPLICATION

### LINE OF DUTY DEATH ACT BENEFITS

Volunteer Status (Check One)

Active	Support	Member on Leave	Probationary	Inactive Lifetime	Inactive
Associate	Honorary Lifetime	Active Driver	Observer	Junior	Lifetime

### VOLUNTEER VEHICLE LICENSE FEE WAIVER

BY PROVIDING THIS INFORMATION, YOU MAY BE ELIGIBLE FOR A WAIVER OF REGISTRATION FEE. VEHICLE MUST BE REGISTERED IN YOUR NAME.

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle VIN

### SIGNATURE

I authorize the verification of the information provided on this is as complete and accurate as possible. By signing below I authorize Shenandoah County Department of Fire and Rescue to conduct a background investigation in connection with my volunteer application. This investigation may include information as to school/work attendance, police convictions, DMV records, employers, references and other appropriate sources. All information received by the Department will be used in accordance with applicable law.

Signature of applicant:	Date:
Signature of parent/guardian <i>(if under age of 18)</i>	Date:
Notary Public Signature:	Date:
Commission Expires:	

Remit Completed Application to:  
Shenandoah County Department of Fire and Rescue  
600 North Main Street, Suite 109  
Woodstock, VA 22664

# INFORMATION REQUEST

**CCC USE ONLY**

<b>Fee</b>
\$
<b>Add Fee</b>
\$

**Purpose:** Use this form to request driving or vehicle information from DMV records.

**Instructions:** Type or print clearly.

REQUESTER INFORMATION				
REQUESTER NAME (last) (first) (mi) (suffix)				ORGANIZATIONAL AFFILIATION (if any)
STREET ADDRESS			TELEPHONE NUMBER ( )	
CITY	STATE	ZIP CODE	FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*	
USE AGREEMENT NUMBER (if applicable)			ACCESS CODE (if applicable)	
REASON FOR REQUEST (be specific)				
I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.				
REQUESTER SIGNATURE				DATE (mm/dd/yyyy)

INFORMATION REQUESTED				
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for each type of information requested.				
<input type="checkbox"/> <b>PERSONAL INFORMATION FOR SUBJECT (Includes name and address)</b>				
SUBJECT NAME (print) (last) (first) (mi) (suffix)				
STREET ADDRESS				
CITY			STATE	ZIP CODE
<input type="checkbox"/> <b>DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)</b>				
DRIVER LICENSE NUMBER		or	BIRTH DATE (mm/dd/yyyy)	
An authorization from subject is required for employers and others not authorized by Virginia code.				
I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.				
SUBJECT SIGNATURE				DATE (mm/dd/yyyy)
<input type="checkbox"/> <b>VEHICLE INFORMATION (Includes vehicle description and registration data)</b>				
VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE MAKE	VEHICLE YEAR	
<input type="checkbox"/> <b>ACCIDENT REPORT</b>				
DRIVER NAME		DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	

\* Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.

<input type="checkbox"/> <b>OTHER INFORMATION (Be specific)</b>

DMV CUSTOMER SERVICE CENTER USE ONLY		
<b>Proof of Requester's Identification</b>  <input type="checkbox"/> Valid Driver's License Number _____  <input type="checkbox"/> Other Photo Identification _____	<b>Proof of Requester's Organization Affiliation</b>  <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____	
<b>If referred to Headquarters to Fill Request, Complete:</b>  CSR Name _____  CSC Name (not CSC number) _____	<b>Remarks/CSR Stamp</b>  	<b>Fee Charged</b>  \$



# Shenandoah County

## Department of Fire and Rescue

600 N. Main Street, Suite 109

Woodstock, VA 22664

(540) 459-6167 voice

(540) 459-6192 fax

### Letter of Authorization

I, \_\_\_\_\_ hereby authorize and consent for Shenandoah County Department of Fire and Rescue to conduct a background check through Virginia State Police on the individual named on the attached form. I also hereby affirm this individual is requesting application to a volunteer fire and/or rescue department within Shenandoah County.

\_\_\_\_\_  
Signature (by Chief of Department ONLY)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Chief Printed Name

\_\_\_\_\_  
Department

I, \_\_\_\_\_ hereby authorize and consent for the above volunteer department to have my background information run through Virginia State Police as a part of the volunteer fire/EMS application process.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Date of Birth

