



James City-Bruton Volunteer Fire Department

3135 Forge Road Toano, Virginia 23168
 (757) 566-1905 (757)566-1567
www.toanovolunteers.com

Application for Volunteer Membership

APPLICANT NAME: _____

To All Applicants: Please submit this complete application and all necessary additional documents in person to the JCBVFD located at 3135 Forge Road Toano, Virginia 23168. Any incomplete applications received will NOT be processed. For complete instructions and application process overview, please see the "Applicant Instruction Sheet". All applicants should also be aware that this application may also be posted within public view inside of the fire station for preliminary review. All references will be contacted to ensure the accuracy of information provided.

PLEASE INDICATE THE TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

ACTIVE

STUDENT

ASSOCIATE

Note: For a detailed explanation of membership types, please see the "Applicant Instruction Sheet".

FOR FIRE DEPARTMENT USE ONLY

COMPLETE APPLICATION CHECKLIST		
	Date	FD Initials
Date Complete Application Received		
Copies of Any Applicable Certifications Attached		
Driving Record Check Authorization Form		
Student Member Waiver (if applicable)		
Clear Photograph		

FOR MEMBERSHIP COMMITTEE USE

	Date	FD Initials		
FIRST READING COMPLETED				
INTERVIEW SCHEDULED				
REFERENCE CHECK COMPLETE				
INTERVIEW COMPLETE			Recommend	Declined
BACKGROUND CHECK COMPLETE				
DMV RECORD CHECK COMPLETE				
VOTING MEETING			Accepted	Rejected
COMMENTS:				



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SECTION I- PERSONAL DATA

<u>NAME</u>			
LAST:	FIRST:	MIDDLE:	
<u>DATE OF BIRTH</u>			
MONTH:	DAY:	YEAR:	CURRENT AGE:
<u>CURRENT ADDRESS</u>			
STREET:			
CITY:	STATE:	ZIP CODE:	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?: _____ YEARS _____ MONTHS			
<u>TELEPHONE CONTACT INFORMATION</u>			
HOME:	CELL:	WORK:	
<u>EMAIL ADDRESS</u>			

WHAT IS YOUR PREFERRED METHOD OF CONTACT (PLEASE CHECK ONE)?

HOME
 CELL
 EMAIL

<u>DRIVER'S LICENSE/BACKGROUND INFORMATION</u>			
DO YOU HAVE A CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
STATE OF ISSUE		LICENSE NUMBER	
HAVE YOU EVER BEEN CHARGED OR CONVICTED IN ANY COURT OF LAW OF ANY CRIMINAL OR CIVIL CHARGE WHETHER FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN			
DATE	CITY AND STATE	CHARGE	FINAL DISPOSITION



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DRIVER'S LICENSE/BACKGROUND INFORMATION CONTINUED

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN
A MEMBER OF THE U.S. ARMED FORCES? YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION

BRANCH

CURRENT STATUS

TYPE OF DISCHARGE

HONORABLE

DISHONORABLE

N/A

DATE OF DISCHARGE

MONTH

DAY

YEAR

IF DISHONORABLE, PLEASE EXPLAIN:

HAVE YOU EVER ENGAGED IN ANY
ILLEGAL DRUG ACTIVITY? YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER OR DO YOU CURRENTLY
HAVE AN ALCOHOL ABUSE PROBLEM? YES NO

IF YES, PLEASE EXPLAIN:

DO YOU OBJECT TO A DEPARTMENT OF MOTOR
VEHICLES DRIVING RECORD CHECK AND/OR
A CRIMINAL BACKGROUND CHECK TO BE
PERFORMED? YES NO

NOTE: ALL JCBVFD APPLICANTS ARE REQUIRED TO UNDERGO A DEPARTMENT OF MOTOR VEHICLES DRIVING RECORD CHECK AND A CRIMINAL BACKGROUND CHECK. THESE CHECKS WILL BE PERFORMED BY A MEMBER OF THE JCBVFD MEMBERSHIP COMMITTEE. PLEASE SEE AND COMPLETE THE ATTACHED AUTHORIZATION FORMS.



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EMERGENCY PERSONAL DATA

THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT USES THIS INFORMATION IN THE CASE OF AN EMERGENCY WHICH MAY REQUIRE EMERGENCY MEDICAL ATTENTION OR OTHER SERVICES.

DO YOU HAVE ANY PHYSICAL LIMITATIONS, DISABILITIES OR MEDICAL CONDITIONS WHICH WOULD PREVENT YOU FROM PERFORMING STRENUOUS, PHYSICALLY DEMANDING WORK IN EMERGENCY CONDITIONS? YES NO

NOTE: A MORE DETAILED LIST OF PHYSICAL EXPECTATIONS FOR ACTIVE AND STUDENT MEMBERS ALONG WITH AN ACKNOWLEDGEMENT IS LISTED ON PAGE 6 OF THIS APPLICATION

WEIGHT HEIGHT
LBS. FEET INCHES

BLOOD TYPE (IF KNOWN) RELIGIOUS PREFERENCE (OPTIONAL)

WHAT IS THE CURRENT CONDITION OF YOUR HEALTH?

GOOD FAIR POOR

KNOWN ALLERGIES TO MEDICATIONS:

ARE YOU CURRENTLY REQUIRED TO TAKE ANY MEDICATIONS? YES NO

IF YES, PLEASE LIST:

CARE AUTHORIZATION

BY PLACING MY SIGNATURE BELOW, I AUTHORIZE THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT TO MAKE MEDICAL CARE AND TREATMENT DECISIONS ON MY BEHALF IN THE EVENT THAT I AM RENDERED INCAPACITATED WHILE PERFORMING MY DUTIES AND MY EMERGENCY CONTACTS LISTED BELOW MAY NOT BE REACHED.

SIGNATURE

DATE



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EMERGENCY CONTACT INFORMATION

PLEASE LIST TWO (2) EMERGENCY CONTACTS THAT YOU WISH TO BE CONTACTED IN THE EVENT THAT YOU ARE INVOLVED IN AN EMERGENCY REQUIRING MEDICAL CARE, ETC. PLEASE LIST YOUR CONTACTS IN THE ORDER IN WHICH YOU WOULD WISH THEM TO BE NOTIFIED. IF THE FIRST LISTING CANNOT BE REACHED, THE SECOND WILL BE NOTIFIED.

NAME- CONTACT 1

LAST:	FIRST:	MIDDLE:
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TELEPHONE

HOME:	WORK:	CELL:
-------	-------	-------

CURRENT ADDRESS

STREET:

CITY:	STATE:	ZIP CODE:
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RELATION TO YOU

NAME- CONTACT 2

LAST:	FIRST:	MIDDLE:
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TELEPHONE

HOME:	WORK:	CELL:
-------	-------	-------

CURRENT ADDRESS

STREET:

CITY:	STATE:	ZIP CODE:
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RELATION TO YOU

PERSONAL PRIMARY CARE PHYSICIAN

NAME

PRACTICE NAME

TELEPHONE



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SECTION II- PHYSICAL DEMANDS

THE FOLLOWING IS A SUMMARY OF SOME, BUT NOT ALL OF, THE PHYSICAL DUTIES EXPECTED OF A JCBVFD VOLUNTEER FIREFIGHTER. MANY OF THESE DUTIES REQUIRE VIGOROUS PHYSICAL ACTIVITY OVER PROLONGED PERIODS AND UNDER ADVERSE AND FREQUENTLY DANGEROUS ENVIRONMENTAL CONDITIONS. THE JCBVFD WILL MAKE EVERY EFFORT TO PROVIDE A SAFE WORKING ENVIRONMENT FOR ALL MEMBERS, BUT APPLICANTS SHOULD BE AWARE THAT FIREFIGHTING AND RESCUE ACTIVITIES HAVE A HIGH LEVEL OF INHERENT RISK ASSOCIATED WITH THEM. IF YOU HAVE ANY FURTHER QUESTIONS ABOUT THE DUTIES LISTED BELOW, A MEMBER OF THE MEMBERSHIP COMMITTEE WILL BE GLAD TO ASSIST YOU.

NOTE: APPLICANTS FOR ASSOCIATE MEMBERSHIP ARE NOT REQUIRED TO COMPLETE THIS SECTION.

THE PHYSICAL DUTIES AND ACTIVITIES THAT ARE EXPECTED OF A JCBVFD VOLUNTEER FIREFIGHTER INCLUDE BUT ARE NOT LIMITED TO:

- Participating in fire, rescue and emergency medical training and operations
- Riding in fire apparatus, medic units and other department vehicles under emergency conditions
- Wearing Personal Protective Equipment (PPE) weighing approximately 25 lbs. while performing physically strenuous work
- Wearing Self Contained Breathing Apparatus (SCBA) weighing approximately 40 lbs. in addition to PPE while performing physically strenuous work in Immediately Dangerous to Life and Health (IDLH) environments
- Carrying and using hand tools, appliances and hose lines
- Entering Immediately Dangerous to Life and Health (IDLH) environments as defined by the Occupational Safety and Health Administration (OSHA) and the National Fire Protection Association (NFPA)
- Removing persons from Immediately Dangerous to Life and Health (IDLH) environments
- Carrying, raising and performing work from fire service ladders
- Performing physically demanding work including ventilation operations on roofs
- Extinguishing fires with portable fire extinguishers and hose lines

BY PLACING MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE EXPECTED DUTIES AND PHYSICAL TASKS LISTED ABOVE. I ACCEPT THESE DUTIES, HAZARDS AND THEIR ASSOCIATED RISKS AND AM WILLING AND ABLE TO PERFORM THE DUTIES WITHIN MY TRAINING AND ABILITY.

<u>SIGNATURE</u>	<u>DATE</u>



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SECTION III- EDUCATION

DO YOU HOLD A VALID HIGH SCHOOL DIPLOMA OR GENERAL EQUIVALENCY DIPLOMA (G.E.D.)?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<u>COLLEGE/UNIVERSITY</u>					
SCHOOL NAME					
STREET ADDRESS					
CITY			STATE		
DATES ATTENDED					
DID YOU GRADUATE?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DEGREE RECEIVED					
PROGRAM OF STUDY			CREDIT HOURS COMPLETED		
<u>HIGH SCHOOL</u>					
SCHOOL NAME					
STREET ADDRESS					
CITY			STATE		
DATES ATTENDED					
DID YOU GRADUATE?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

NOTE: APPLICANTS WHO ARE APPLYING AS STUDENT MEMBERS MAY BE REQUIRED TO PERIODICALLY SUBMIT VERIFICATION OF SATISFACTORY ACADEMIC PERFORMANCE IN ORDER TO REMAIN IN GOOD STANDING WITH THE DEPARTMENT. THIS WILL BE DISCUSSED WITH THE APPLICANT AND AN AGREEMENT REACHED DURING YOUR APPLICATION PROCESS. VERIFICATIONS MAY BE IN THE FORM OF UNOFFICIAL TRANSCRIPTS, REPORT CARDS, PROGRESS REPORTS, ETC. THIS IS DISCUSSED IN FURTHER DETAIL IN THE "STUDENT MEMBER WAIVER".



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SECTION IV- PREVIOUS FIRE/EMS EXPERIENCE

WHILE PREVIOUS EMERGENCY SERVICE EXPERIENCE IS NOT REQUIRED TO APPLY, THE JCBVFD WELCOMES AND ENCOURAGES THOSE WITH PREVIOUS EXPERIENCE TO APPLY FOR MEMBERSHIP. THE JCBVFD RECOGNIZES VIRGINIA DEPARTMENT OF FIRE PROGRAMS (VDFP) CERTIFICATIONS AS WELL AS NATIONAL REGISTRY AND VIRGINIA STATE OFFICE OF EMS CERTIFICATIONS. PLEASE LIST THE INFORMATION FROM YOUR PREVIOUS AGENCIES BELOW. IF YOU DO NOT HAVE ANY PREVIOUS EXPERIENCE, YOU MAY SKIP TO SECTION V.

HAVE YOU EVER BEEN DENIED ENTRY TO, DISMISSED FROM, OR FORCED TO RESIGN FROM ANY FIRE OR EMS AGENCY (CARRER OR VOLUNTEER)? YES NO

IF YES, PLEASE EXPLAIN

<u>PREVIOUS DEPARTMENT- 1</u>		
AGENCY NAME		
STREET:		
CITY:	STATE:	ZIP CODE:
OFFICER'S (SUPERVISOR'S) NAME AND TITLE		
TELEPHONE		
HOW LONG WERE YOU WITH THIS AGENCY? _____ YEARS _____ MONTHS		
WHAT WAS YOUR HIGHEST RANK IN THIS ORGANIZATION?		
REASON FOR LEAVING AGENCY		



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PREVIOUS DEPARTMENT- 2

AGENCY NAME

STREET:

CITY:

STATE:

ZIP CODE:

OFFICER'S (SUPERVISOR'S) NAME AND TITLE

TELEPHONE

HOW LONG WERE YOU WITH THIS AGENCY?

_____ YEARS

_____ MONTHS

WHAT WAS YOUR HIGHEST RANK IN THIS ORGANIZATION?

REASON FOR LEAVING AGENCY

CURRENT FIRE/EMS RELATED CERTIFICATIONS

PLEASE LIST ANY CURRENT FIRE OR EMS RELATED CERTIFICATIONS THAT YOU HOLD. WE ALSO ASK THAT YOU ATTACH A COPY OF THESE CERTIFICATIONS TO YOUR APPLICATION. THESE CERTIFICATIONS MAY BE FROM ANY PREVIOUS AGENCY, REGARDLESS OF LOCATION.



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SECTION V- EMPLOYMENT INFORMATION

PLEASE LIST THE INFORMATION FOR YOUR EMPLOYERS, BEGINNING WITH YOUR CURRENT EMPLOYER AND CONTINUING IN REVERSE CHRONOLOGICAL ORDER		
<u>CURRENT EMPLOYER</u>		
COMPANY NAME		
STREET:		
CITY:	STATE:	ZIP CODE:
YOUR TITLE		
TYPE OF WORK		
HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?		
_____ YEARS		_____ MONTHS
SUPERVISOR'S NAME AND TITLE		
TELEPHONE	EMAIL	
MAY WE CONTACT THIS EMPLOYER REGARDING YOUR PREVIOUS EXPERIENCE AND FOR REFERENCES?		
<input type="checkbox"/> YES		<input type="checkbox"/> NO
<u>PREVIOUS EMPLOYER- 1</u>		
COMPANY NAME		
STREET:		
CITY:	STATE:	ZIP CODE:
YOUR TITLE		
TYPE OF WORK		
HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?		
_____ YEARS		_____ MONTHS
SUPERVISOR'S NAME AND TITLE		
TELEPHONE	EMAIL	
MAY WE CONTACT THIS EMPLOYER REGARDING YOUR PREVIOUS EXPERIENCE AND FOR REFERENCES?		
<input type="checkbox"/> YES		<input type="checkbox"/> NO



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PREVIOUS EMPLOYER- 2

COMPANY NAME

STREET:

CITY:

STATE:

ZIP CODE:

YOUR TITLE

TYPE OF WORK

HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?

_____ YEARS

_____ MONTHS

SUPERVISOR'S NAME AND TITLE

TELEPHONE

EMAIL

MAY WE CONTACT THIS EMPLOYER
REGARDING YOUR PREVIOUS EXPERIENCE
AND FOR REFERENCES?

YES

NO

PREVIOUS EMPLOYER- 3

COMPANY NAME

STREET:

CITY:

STATE:

ZIP CODE:

YOUR TITLE

TYPE OF WORK

HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?

_____ YEARS

_____ MONTHS

SUPERVISOR'S NAME AND TITLE

TELEPHONE

EMAIL

MAY WE CONTACT THIS EMPLOYER
REGARDING YOUR PREVIOUS EXPERIENCE
AND FOR REFERENCES?

YES

NO



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SECTION VI- PERSONAL REFERENCES

PLEASE LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS EMPLOYERS.
A REPRESENTATIVE FROM THE JCBVFD MEMBERSHIP COMMITTEE MAY CONTACT THESE REFERENCES REGARDING YOUR POTENTIAL ABILITY TO BE A SUCCESSFUL MEMBER OF THE DEPARTMENT.

<u>PERSONAL REFERENCE- 1</u>		
NAME		
STREET:		
CITY:	STATE:	ZIP CODE:
BEST TELEPHONE NUMBER TO CONTACT THIS REFERENCE:		
HOW DO YOU KNOW THIS PERSON?		
<u>PERSONAL REFERENCE- 2</u>		
NAME		
STREET:		
CITY:	STATE:	ZIP CODE:
BEST TELEPHONE NUMBER TO CONTACT THIS REFERENCE:		
HOW DO YOU KNOW THIS PERSON?		
<u>PERSONAL REFERENCE- 3</u>		
NAME		
STREET:		
CITY:	STATE:	ZIP CODE:
BEST TELEPHONE NUMBER TO CONTACT THIS REFERENCE:		
HOW DO YOU KNOW THIS PERSON?		
DO YOU KNOW ANY CURRENT JCBVFD MEMBERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE LIST:		



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SECTION VII- APPLICANT AUTHORIZATION

BY PLACING MY SIGNATURE AND DATING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THAT IF ACCEPTED, I WILL BE REQUIRED TO ATTEND TRAINING DRILLS, PARTICIPATE IN WORK DETAILS, ETC. AS INDICATED IN THE BYLAWS OF THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT. I WILL ABIDE BY ALL RULES AND REGULATIONS OF THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT. I ALSO CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION PACKAGE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT MY BACKGROUND IS SUBJECT TO INVESTIGATION BY THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT. I HEREBY AUTHORIZE THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT TO INVESTIGATE MY BACKGROUND TO ENSURE THE ACCURACY OF THE INFORMATION CONTAINED IN THIS PACKET THROUGH CONTACT WITH LISTED REFERENCES, PREVIOUS EMPLOYERS, FIRE/EMS AGENCIES AND BY CONDUCTING A CRIMINAL BACKGROUND CHECK. I FULLY UNDERSTAND THAT ANY WILLFUL OMISSION OR MISREPRESENTATION OF FACTS ON THIS APPLICATION MAY BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR DISMISSAL FROM VOLUNTEER MEMBERSHIP AT A LATER DATE WITH THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT.

NOTE: ALL APPLICANTS WILL BE REQUIRED TO PAY A \$20.00 NON-REFUNDABLE PAYMENT IN THE FORM OF CASH OR CHECK MADE PAYABLE TO THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT FOR COMPLETION OF A CRIMINAL BACKGROUND CHECK. THIS PAYMENT COVERS THE COST INCURRED BY THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT BY PERFORMING THE CHECK AND IS NOT INTENDED FOR PROFIT.

<u>SIGNATURE</u>	<u>DATE</u>

PLEASE RETURN THIS COMPLETED APPLICATION PACKET INCLUDING APPLICATION FOR MEMBERSHIP, STUDENT MEMBER WAIVER (IF APPLICABLE), DEPARTMENT OF MOTOR VEHICLES RECORD CHECK AUTHORIZATION, CLEAR PHOTOGRAPH OF YOURSELF AND COPIES OF ANY FIRE/EMS CERTIFICATIONS (IF APPLICABLE) IN PERSON TO THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT. THE JCBVFD IS LOCATED ON THE CORNER OF RICHMOND AND FORGE ROADS IN TOANO AT 3135 FORGE ROAD TOANO, VIRGINIA 23168.

THANK YOU!