



VOLUNTEER APPLICATION

County of Louisa

Department

Of

Fire and EMS



Drop-off or Email application to:

**Louisa County Fire and EMS
Headquarters
105 Woolfolk Ave
Louisa Va 23093
Recruitment@louisa.org**

Attention: Recruitment and Retention Coordinator

VOLUNTEER SERVICE APPLICATION

Dear Applicant:

You must complete all sections of this application. Please print or type the required information using black or blue ink. This application should not be construed as a contract. Volunteer service with any Louisa County station, agency, department, company, or organization is at-will and may be terminated at any time with or without notice and with or without cause. This application involves volunteer service only and does not create or confer any employment rights on the volunteer. The County of Louisa expressly disclaims any employment obligations whatsoever for volunteers accepted into service.

| Station you wish to volunteer: | | | |
|--|------------------------------|--------------------|--|
| Co.1 Louisa VFD | Co.1 Louisa Vol. Rescue | | |
| Co.2 Mineral VFD | Co.3 Lake Anna Vol. Rescue | | |
| Co.3 Bumpass VFD | Co.4 Holly Grove Vol. Rescue | | |
| Co.4 Holly Grove VFD | Auxiliary | | |
| Co.5 Locust Creek VFD | Not Sure | | |
| Co.6 Trevilians VFD | | | |
| Personal Information | | | |
| Name | | | |
| Address | | | |
| City/State | | Zip Code | |
| Phone | | D.O.B (mm/dd/yyyy) | |
| Email Address | | | |
| Have you ever been a member of, or applied for volunteer membership to, any station, agency, organization, company, or department of Louisa County? ___Yes ___No | | | |

| Emergency Contact Information | | | |
|--------------------------------------|--|---------------|--|
| Name | | Relation | |
| Address | | Day Phone | |
| City/State | | Evening Phone | |
| Phone | | Email | |

| Criminal History | | |
|---|------------|-----------|
| Have you ever been convicted of any crime? Include misdemeanors, traffic offenses, and/or felonies. <i>Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.</i> | Yes | No |
| If "Yes", Please explain. | | |
| Do you consent to a search of conviction information from your local, state, and national criminal history files? | Yes | No |

| Medical History | | |
|---|------------|-----------|
| Do you have any medical conditions or physical limitations that should be considered? | Yes | No |
| Are you currently receiving any special medical treatment or medications? | Yes | No |
| If "Yes", Please explain. | | |

| Qualifications, Skills & Training | | |
|--|---|------------------------|
| List any fire, rescue, EMS, and/or emergency management training, experience, and certifications you currently hold. Include expiration dates and certifying state, department, or agency. Please attach copies of your certifications to this application. | | |
| Certification | Certifying State/Department/Agency | Expiration Date |
| | | |
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| | | |
| List any special qualifications, skills, certificates, and/or licenses you hold. Include armed forces training, skills with machines, memberships in professional, scientific, or academic societies, work training programs, public speaking experience, and trade school backgrounds, etc. | | |
| | | |

| DRIVING RECORD | | |
|---|--------------------|------------------|
| Do you have a valid driver's license? | Yes | No |
| State: _____ | License No.# _____ | Exp. Date: _____ |
| Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basis during service for repeated or significant traffic violations? | Yes | No |

CERTIFICATION & AGREEMENT

This statement must be signed.

Please read the following statement carefully before signing.

I hereby certify that the facts set forth in the above Volunteer Service Application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected, and I could be disqualified from ever providing volunteer service with the Louisa County Department of Fire and EMS agencies in the future. Louisa County Department of Fire and EMS and/or any representative thereof is hereby authorized to make investigation of my personal history, criminal history and driving record. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited. I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract. Volunteer service with any Louisa County station, agency, department, company, or organization is at will and may be terminated at any time, with or without notice, and with or without cause.

I understand and agree that, if I am accepted as a volunteer, I am not considered an employee of the County of Louisa for any purpose, and I am entitled to no employment rights or benefits whatsoever from the County of Louisa. Rather, this application involves volunteer service only, and creates no employment rights or obligations.

Signature of Applicant

Date

Printed Name of Applicant

Parent/Guardian Signature (If under 18 years of age)

VOLUNTEER INQUIRY RELEASE

In conjunction with my volunteer application, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my character, academic background, credentials, work habits, work performance, work experience, reasons for work termination. You also may seek information concerning my employment history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to accept me into the organization and If you contemplate making an adverse decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my affiliation with your organization. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ **Date** _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

EMAIL ADDRESS _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

Notice to Applicants Living in CA, OK or MN

By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my Report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

***** IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING *****

Customer Number CVV101#00001 _____ Location or Store Number _____ Date Submitted _____

Contact Person _____ Phone Number _____ Position Applied For _____

Information Requested:

Combined Report: _____

Individual Reports: _____

Criminal Convictions County(s) and state(s) _____

Other: _____

This Form Provided By: Selection.com 155 Tri County Boulevard; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435

For background check entry, send to requests@selection.com.

For employment or education verification purposes, email to releases@selection.com with the applicant's full name in the subject line.



Louisa County

Xqnpvggt 'Acknowledgement of Driving Record Requirements

"

Xqnpvggt Name: _____

Date: _____

I acknowledge that as a condition of my use of a County vehicle that I must submit a copy of my driving record each year. I further acknowledge that if my driving record changes in any way that I must notify the County within five business days. I understand that to withhold this information constitutes a violation of the use of the County vehicle policies0

Xqnpvggt 'Signature:

As the County can have the DMV report processed, I give my permission to the County to run a DMV report annually and more often if required. To accomplish this, I must supply the County with the following information:

Full name: _____

Date of Birth: _____

Driver's License Number: _____

I hereby grant Louisa County permission to obtain a copy of my driving record by signing:

Xqnpvggt 'Signature:

INFORMATION REQUEST

CCC USE ONLY

| |
|----------------|
| Fee |
| \$ |
| Add Fee |
| \$ |

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"/> PERSONAL INFORMATION FOR SUBJECT (Includes name and address) | | | | |
| SUBJECT NAME (print) (last) (first) (mi) (suffix) | | | | |
| STREET ADDRESS | | | | |
| CITY | | | STATE | ZIP CODE |
| <input type="checkbox"/> DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data) | | | | |
| 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"/> VEHICLE INFORMATION (Includes vehicle description and registration data) | | | | |
| VEHICLE IDENTIFICATION NUMBER (VIN) | | VEHICLE MAKE | VEHICLE YEAR | |
| <input type="checkbox"/> ACCIDENT REPORT | | | | |
| 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"/> OTHER INFORMATION (Be specific) |
| |

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

OFFICE USE ONLY

Application Received on: _____ by: _____

Criminal Record Check:

Completed on: _____ by: _____ Outcome: Acceptable / Unacceptable

DMV Record Check:

Completed on: _____ by: _____ Outcome: Acceptable / Unacceptable

References Contacted on: _____ by: _____

Reference Check: Acceptable / Unacceptable

=====

Membership Committee Recommendation: Accept / Not Accept

Meeting Date for Vote: _____

Outcome of Vote: Accepted / Not Accepted

=====

Comments/Concerns: