



County of Warren
Department of Fire and Rescue Services
Application for Volunteer Membership (OEMS Agency 00943)

To which organization are you applying for membership?

- | | |
|--|--|
| <input type="checkbox"/> Front Royal Station 1 | <input type="checkbox"/> Warren County Station 6 |
| <input type="checkbox"/> Rivernont Station 2 | <input type="checkbox"/> Fortsmouth Station 8 |
| <input type="checkbox"/> South Warren Station 3 | <input type="checkbox"/> North Warren Station 10 |
| <input type="checkbox"/> Linden Station 4 | <input type="checkbox"/> Fire Administration: |
| <input type="checkbox"/> Shenandoah Shores Station 5 | <input type="checkbox"/> CERT/EmComm Division |

For which type of membership are you applying?

- ☐ Active/Responding
☐ Associate/Administrative
☐ Junior/Cadet (17 years of age or under)

T-shirt size? (Adult) __XXL__ XL__ L__ M__ S

Applicant Information: Do you possess a current driver's license? __ Yes __ No If outside of VA, which state? _____

Name: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Physical Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (C) _____ (Email): _____

SSN #: _____ **(Required)** Ethnicity: **(Optional)** ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other _____

Are you currently, or have you ever previously been a member of another fire rescue company? ☐ Yes ☐ No

If yes, company name and location? _____ Date Joined: _____

Applicant Employment Information: ☐ Not currently employed

Present Occupation: _____ Employer: _____

Work Telephone: (_____) _____ Supervisor's Name and Title: _____

Mailing Address: _____ City/State: _____ Zip: _____

Start Date: _____ May we contact your current supervisor? ☐ Yes ☐ No

Education and Experience:

Please list any fire, EMS (or other applicable certifications/training, i.e., amateur radio, etc.) that you presently hold): _____

List highest level of education and/or specialized training completed: _____

Additional Information:

1. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

(If yes, please explain) _____

2. Do you currently have any pending criminal charges or are you under investigation for a misdemeanor or felony? ☐ Yes ☐ No

(If yes, please explain) _____

3. Do you have physical conditions preventing you from doing certain types of work? ☐ Yes ☐ No

(If yes, please explain and give physicians name) _____

The information provided by me in this application for membership is true and complete to the best of my knowledge. I hereby authorize the volunteer fire and rescue department to which I am applying and/or the Warren County Department of Fire and Rescue Services (WCFR) to contact any family member, physician, employer, or any other individual to conduct a personal background investigation. I authorize WCFR to research my criminal history and driving record, including information available from previous fire and rescue companies I have served as listed above. I understand that these checks will be used for prescreening and/or ongoing risk management, allowing WCFR to check my status on an annual basis in accordance with WCFR Policy.

Signature of Applicant: _____ Date: _____

(Note: all applicants for Junior/Cadet Membership must provide a parental or guardian signature)

Signature of Parent or Guardian: _____ Date: _____

Fire Administration Use – Date application received: ____/____/____

VAOEMS ELIGIBILITY LETTER

Date eligibility letter received in office: _____ Acceptable / Not acceptable
(Circle one)

CRIMINAL & DRIVING BACKGROUND CHECKS

Criminal history check complete: Yes / No (circle) Date performed: _____
Criminal history data indicates applicant meets department standards: Yes / No (circle)
Criminal history completed by: _____

Driving history check completed: Yes / No (circle) Date performed: _____
Driving history data indicates applicant meets department standards: Yes / No (circle)
Driving history check completed by: _____ Points balance: _____

COUNTY FIRE CHIEF RECOMMENDED ACTION

Recommend approval: _____ Recommend denial: _____
Comments: _____

Signature: _____ Date: _____
James G. Bonzano II, Fire Chief

COMPANY ACTION

Membership: ____ approved ____ denied Mentor assigned: _____

Date of action: _____ If denied, why: _____

WCFR ADMINISTRATION ACTION

☐ NVO _____ ☐ PHI ☐ Infection Control ☐ ID Badge ☐ Accountability Tags ☐ CPR/Expiration _____
(Date) (Date)

Training/Provider Number issued: _____ FS: _____ Added to Image Trend by _____ on _____
(Date)

Assignment: FF / EMS Provider / Other EMS License # _____

Notes: _____

INFORMATION REQUEST

CRD 93 (07/01/2021)

WCFR - Updated 7/14/23

Applicants only fill in highlighted section

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

| REQUESTER INFORMATION | | | |
|--|--|------------------------------------|---|
| REQUESTER FULL NAME (last, first, mi, suffix) Foster, Gordon | | | FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 54-6001661 |
| EMAIL ADDRESS gfoster@warrencountyfire.com | ORGANIZATIONAL AFFILIATION (if any) Warren County Fire & Rescue Serv. | TELEPHONE NUMBER (540) 636-3830 | USE AGREEMENT NUMBER (if applicable) 7420 |
| STREET ADDRESS 200 Skyline Vista Drive, Suite #200 | | CITY Front Royal | |
| STATE VA | ZIP CODE 22630 | ACCESS CODE (if applicable) | TNC CERTIFICATE NUMBER (if applicable) |
| REASON FOR REQUEST (be specific) (attach additional sheets if necessary) Applicant Background Check | | | |

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

| GOVERNMENT REQUESTER | |
|--|-----------|
| IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information) | |
| <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Other (identify below) | |
| IF OTHER, IDENTIFY TYPE | |
| <input type="checkbox"/> Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1627. Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3. | CASE DATE |

| SUBJECT INFORMATION | |
|--|--|
| If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available). | |
| SUBJECT FULL NAME (last, first, mi, suffix) | <input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE (N/A) |
| STREET ADDRESS | |
| CITY | STATE ZIP CODE |

| 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 Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible. | |
| <input checked="" type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above) | |
| SUBJECT'S SSN | or SUBJECT BIRTH DATE (mm/dd/yyyy) |
| REASON FOR REQUEST (Check one) <input type="checkbox"/> Insurance <input type="checkbox"/> Employment, School, or Military <input checked="" type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC | |
| An authorization from the 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) (complete SUBJECT INFORMATION above) | | |
| VEHICLE IDENTIFICATION NUMBER (VIN) | VEHICLE MAKE | VEHICLE YEAR |

| | |
|---|--|
| <input type="checkbox"/> POLICE CRASH REPORT | |
| IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380. | |
| Check one or more boxes to indicate your involvement in the crash: | |
| <input type="checkbox"/> I was a DRIVER. | <input type="checkbox"/> I was a PASSENGER. |
| <input type="checkbox"/> I legally REPRESENT a person injured or involved in the crash. | <input type="checkbox"/> I was injured in the crash or as a result thereof (ex: injured pedestrian). |
| <input type="checkbox"/> I am the parent or legal guardian of a minor injured or killed in the crash. | <input type="checkbox"/> I am the owner of a vehicle/property involved in the crash. |
| <input type="checkbox"/> I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash. | |
| <input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance. | |

INFORMATION REQUESTED (continued)

| | | | |
|--|---|---|---|
| CRASH DATE (mm/dd/yyyy) | TIME OF CRASH | CRASH LOCATION (highway or street name) | |
| CITY/COUNTY/TOWN WHERE CRASH OCCURRED | | DRIVER FULL NAME (last, first, mi, suffix) | DRIVER LICENSE NUMBER |
| 1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | | 2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | |
| 3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | | 4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | |
| <input type="checkbox"/> DECEDENT PHOTO REQUEST (requester may need to provide proof of death, i.e. copy of death certificate, executor papers, etc.) | | | |
| DECEDENT FULL NAME (last, first, mi, suffix) | | DECEDENT DMV CUSTOMER NUMBER | |
| DECEDENT BIRTH DATE (mm/dd/yyyy) | Requester's relationship to decedent (check one): | | <input type="checkbox"/> Executor <input type="checkbox"/> Administrator |
| <input type="checkbox"/> OTHER INFORMATION (Be specific) | | | |

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2-212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.

| | |
|---------------------|-------------------|
| REQUESTER SIGNATURE | DATE (mm/dd/yyyy) |
|---------------------|-------------------|

CUSTOMER RECORDS FEES

| | | |
|---------------------------|----------------|---|
| Driving Record.....\$9.00 | Vehicle | Supporting Documents (per page).....\$3.00 |
| Record.....\$9.00 | Police Crash | Motor Carrier Overweight Citation Record.....\$8.00 |
| Report.....\$8.00 | Decedent | Travel Emergency Photo Verification.....\$9.00 |
| Photo.....\$9.00 | Driver/Vehicle | Record Certification Fee (additional).....\$5.00 |
| Application.....\$9.00 | | |

PAYMENT METHODS

If you are mailing this request, DMV can only accept check or money order via mail.

| | | | |
|--|--------------------|--|--------------------------|
| <input type="checkbox"/> CHECK Made payable to DMV | ENTER CHECK AMOUNT | <input type="checkbox"/> MONEY ORDER Made payable to DMV | ENTER MONEY ORDER AMOUNT |
|--|--------------------|--|--------------------------|

DMV CUSTOMER SERVICE CENTER USE ONLY

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



REFERENCE CHECK AUTHORIZATION

Please list three references **who are not related to you** that our background investigator may contact:

| Name/Address | Phone Number to Contact | Email Address, if any |
|--------------|-------------------------|-----------------------|
| 1. _____ | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

| Name/Address | Phone Number to Contact | Email Address, if any |
|--------------|-------------------------|-----------------------|
| 2. _____ | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

| Name/Address | Phone Number to Contact | Email Address, if any |
|--------------|-------------------------|-----------------------|
| 3. _____ | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

Alternate Reference (Contacted if one of the references above is deemed unresponsive by investigator)

| Name/Address | Phone Number to Contact | Email Address, if any |
|--------------|-------------------------|-----------------------|
| _____ | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

I hereby authorize the volunteer fire and rescue department to which I am applying and/or the Warren County Department of Fire and Rescue Services (WCFR) to contact any and all of the references that I have provided, and I understand that these checks will be used for pre-screening purposes.

I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agents of the Warren County Department of Fire and Rescue Services as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization.

I will advise all references that they will be contacted by WCFR from phone number 540-636-3830 to facilitate the prompt processing of the reference checks.

| | |
|--------------|------------|
| Signed _____ | Date _____ |
|--------------|------------|

| |
|--------------------|
| Printed Name _____ |
|--------------------|

