



**Charlottesville Volunteer Fire Company**  
**203 Ridge Street**  
**Charlottesville, VA 22902**  
**(434) 970-3237**

**VOLUNTEER SERVICE APPLICATION**

Dear Applicant:

You must be eighteen (18) years of age to apply for membership, and 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 the City of Charlottesville Fire Company 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.

For your application to be considered, you must present your completed application (in person) at the Charlottesville Volunteer fire Company's regular monthly meeting held on the first Tuesday night of each month at Headquarters Station (203 Ridge Street – Charlottesville, VA) at 7:00 p.m.

PERSONAL INFORMATION	
<b>NAME:</b>	<b>NICK NAME:</b>
<b>PHYSICAL ADDRESS:</b>	<b>MAILING ADDRESS:</b>
<b>CITY:</b>	<b>CITY:</b>
<b>STATE:</b> <b>ZIP CODE:</b>	<b>STATE:</b> <b>ZIP CODE:</b>
<b>E-MAIL:</b>	<b>DAY TELEPHONE:</b> (    )
<b>CELL PHONE:</b> (    )	<b>EVENING TELEPHONE:</b> (    )
<b>SOCIAL SECURITY NUMBER:</b>	<b>ARE YOU 18 YEARS OF AGE OR OLDER?</b> (    ) <b>YES</b> (    ) <b>NO</b>
<b>ARE YOU A U.S. CITIZEN?</b> (    ) <b>YES</b> (    ) <b>NO</b>	<b>DATE OF BIRTH (MM/DD/YYYY):</b>

Have you ever been a member of, or applied for volunteer membership to, any station, agency, organization, company or department under another name? (    ) **Yes** (    ) **No**  
 If so, what name(s)? \_\_\_\_\_

How did you learn of this opportunity to provide volunteer services? \_\_\_\_\_

**SERVICE ORIENTATION**

**ARE YOU PRESENTLY OR HAVE YOU EVER BEEN A MEMBER OF ANY FIRE, RESCUE, EMS OR EMERGENCY SERVICES AGENCY?** ( ) YES ( ) NO

**IF SO, WHAT AGENCY(S)?**

**MAY WE CONTACT YOUR SUPERIOR OFFICER OR SUPERVISOR REGARDING YOUR SERVICE?** ( ) YES ( ) NO

**SUPERVISORS NAME AND TITLE:** \_\_\_\_\_ **TELEPHONE:** ( ) \_\_\_\_\_

**ADDRESS:**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**ARE YOU A MEMBER OF ANY OTHER COMMUNITY SERVICE ORGANIZATION(S)?** ( ) YES ( ) NO  
**IF SO, WHAT ORGANIZATIONS (LIST BELOW)?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN DENIED MEMBERSHIP, HAD DISCIPLINARY ACTION TAKEN AGAINST YOU, OR BEEN ASKED TO RESIGN BY ANY ORGANIZATION OR EMERGENCY SERVICES AGENCY?** ( ) YES ( ) NO

**IF YOU ANSWERED YES, EXPLAIN IN DETAIL BELOW. BE SURE TO INCLUDE THE NAME AND ADDRESS OF THE ORGANIZATION.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUALIFICATIONS, SKILLS AND 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

**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. (IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH ON A SEPARATE SHEET OF PAPER).**

You need not disclose any affiliation, certificate, or membership that may reveal information regarding race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, sexual orientation, veteran status, or any other protected status.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD**

**DO YOU HAVE A VALID DRIVERS LICENSE?** ( ) YES ( ) NO

**STATE OF LICENSE:** \_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION 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

EDUCATIONAL BACKGROUND	
<b>HIGH SCHOOL</b>	
<b>LAST GRADE COMPLETED:</b> ( ) 9 ( ) 10 ( ) 11 ( ) 12	<b>DIPLOMA/GED?</b> ( ) YES ( ) NO
<b>HIGH SCHOOL(S) ATTENDED:</b>	<b>CITY/STATE:</b>
<b>COLLEGE OR VOCATIONAL SCHOOL</b>	
<b>YEARS COMPLETED:</b> ( ) 1 ( ) 2 ( ) 3 ( ) 4	<b>DEGREE EARNED?</b> ( ) YES ( ) NO
<b>COLLEGE(S) ATTENDED:</b>	<b>CITY/STATE:</b>

EMPLOYMENT HISTORY	
<b>LIST MOST RECENT EMPLOYER FIRST. INCLUDE U.S. MILITARY SERVICE AND VOLUNTEER SERVICE. IF EMPLOYMENT WAS UNDER A DIFFERENT NAME, PLEASE INDICATE NAME.</b>	
<b>EMPLOYER:</b>	<b>DESCRIPTION OF DUTIES AND/OR RESPONSIBILITIES:</b>
<b>SUPERVISOR:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	
<b>STATE:</b> <b>ZIP CODE:</b>	
<b>TELEPHONE:</b>	
<b>POSITION HELD:</b>	
<b>DATES OF EMPLOYMENT:</b>	<b>REASON FOR LEAVING:</b>

<b>LIST MOST RECENT EMPLOYER FIRST. INCLUDE U.S. MILITARY SERVICE AND VOLUNTEER SERVICE. IF EMPLOYMENT WAS UNDER A DIFFERENT NAME, PLEASE INDICATE NAME.</b>	
<b>EMPLOYER:</b>	<b>DESCRIPTION OF DUTIES AND/OR RESPONSIBILITIES:</b>
<b>SUPERVISOR:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	
<b>STATE:</b> <b>ZIP CODE:</b>	
<b>TELEPHONE:</b>	
<b>POSITION HELD:</b>	
<b>DATES OF EMPLOYMENT:</b>	<b>REASON FOR LEAVING:</b>

(IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH ON A SEPARATE SHEET OF PAPER).

<b>HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN FROM A JOB, OR RESIGNED TO AVOID DISCHARGE? ( ) YES ( ) NO IF SO, PLEASE EXPLAIN:</b>
Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.

**REFERENCES**

List three (3) references that have known you for at least two (2) years. Do not include relatives.

<b>NAME:</b>	<b>RELATION:</b>
<b>ADDRESS:</b>	<b>DAY TELEPHONE:</b>
<b>CITY:</b>	<b>EVENING PHONE:</b>
<b>STATE:</b> <b>ZIP CODE:</b>	<b>E-MAIL ADDRESS:</b>

<b>NAME:</b>	<b>RELATION:</b>
<b>ADDRESS:</b>	<b>DAY TELEPHONE:</b>
<b>CITY:</b>	<b>EVENING PHONE:</b>
<b>STATE:</b> <b>ZIP CODE:</b>	<b>E-MAIL ADDRESS:</b>

<b>NAME:</b>	<b>RELATION:</b>
<b>ADDRESS:</b>	<b>DAY TELEPHONE:</b>
<b>CITY:</b>	<b>EVENING PHONE:</b>
<b>STATE:</b> <b>ZIP CODE:</b>	<b>E-MAIL ADDRESS:</b>

**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 misrepresentation, omissions and/or falsifications, my application could be rejected, and I could be disqualified from ever providing volunteer services with the Charlottesville Volunteer Fire Company.

The Charlottesville Volunteer Fire Company and/or any representative thereof are hereby authorized to make investigation of my personal history, criminal history, driving record and/or employment history. 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 this application process should be deemed to constitute the terms of a contract. Volunteer service 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 City of Charlottesville for any purpose, and I am entitled to no employment rights or benefits whatsoever from the City of Charlottesville. Rather, this application involves volunteer service only, and creates no employment rights or obligations.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed name of Applicant

\_\_\_\_\_  
 Date