



Culpeper County Volunteer Fire Department

Application for Membership

151 West Davis Street, Culpeper, VA 22701

540-825-8777

culpepervfd@gmail.com

www.culpeperfire.com

Revised 01-01-2017



The enclosed packet includes everything needed to apply for membership in the Culpeper County Volunteer Fire Department. All the necessary steps are outlined below, to help ensure that you correctly complete the process the first time. Please be sure to read through these steps carefully.

Step 1: Read our Requirements for Membership Introduction Page(included within).

Step 2: Completely fill out the enclosed application. Please write your information **legibly**. If you have this application saved as a computer file, you may electronically type the information in and then print out the packet, if you wish. All signatures ***MUST be written in by hand.***

Step 3: Obtain a copy of your Virginia Department of Motor Vehicles driving record. If you have been a resident of Virginia ***for less than 6 months***, please attempt to obtain a copy of your driving record from the state of your previous residence as well.

Step 4: Once you have filled out and signed all the required documents, in their entirety, you must contact

--Chief Kenny Mills: 540-229-9104 **OR** kmills385@msn.com

to schedule your Criminal Background Check. Your check will be done online through a secure site while you are present. You should bring the completed Application Packet with you to this appointment.

Step 5: Once your application has been reviewed, you will be contacted for an interview with the Membership Committee. Come ready to answer and ask questions.

Step 6: The Committee will bring your application to the attention of the entire membership at the next company meeting. After a waiting period of 30 days, your entrance into the department will be decided by popular vote.

Document Checklist

- Application w/Authority to Release Information Form
- DMV Driving Record
- Copies of Relevant Certifications(If Applicable)

Requirements for Membership Introduction Page

Welcome to the Culpeper County Volunteer Fire Department. This brief overview will give you a basic idea of what to expect as a CCVFD member. We are a 100% volunteer organization, proudly serving the entirety of Culpeper County 24/7/365. Our mission is to protect lives and property, and to serve our citizens in any way we can. We hope you join our ranks with the same attitude and spirit.

As a new member, your requirements will include:

- Remaining on probation for a period of six(6) months.
- Meeting 50%(20 out of 40) of your annually required points in that time period.
- Completing your Orientation and Training Manual.

Once your probation period is up, your performance and conduct will be reviewed by the Membership Committee, who will recommend you for either a)Full Membership b)Six Additional Months of Probation or c)Termination.

As a member of CCVFD, your duties and responsibilities will include, but are not limited to:

- Responding to emergency calls of various types, some being inherently dangerous to life and health. These may include structure, brush and vehicle fires, auto accidents, technical rescues, hazards and lift assists.
- Helping to service and maintain our station and apparatus on a regular basis.
- Participating in training and drills, both in-station and county sponsored(If not already certified, Firefighter I and II are necessary for interior firefighting status).
- Attending the monthly meeting(At least six a year to be eligible to vote for officers).
- Assisting with our numerous fundraisers and events throughout the year, including the annual Fireman's Parade and Carnival, public education presentations and our weekly Bingo nights.
- Attending special events, which may include funerals, award ceremonies and anniversaries.

As a full member of CCVFD, you will be entitled to:

- Department sponsored county training, to be 100% covered upon successful completion. This specifically includes Firefighter I and II, if needed. Must be off probation and helping w/events.
- All necessary firefighting equipment and PPE, including pager, parking sticker and door key.
- 24/7 access to our station on West Davis Street, and all the facilities within. Immediate family is also welcome on the premise with members present.
- Invitations to department activities and events, including banquets, picnics and staffing parties.

Full Membership requires that you maintain Forty(40) points per year. Our point system is as follows:

- 5% of Fire Calls = 5 Points per Year
- 10% of Fire Calls = 15 Points per Year
- 10% of MVA's = 5 Points per Year
- 20% of MVA's = 10 Points per Year
- 1 Point for Each = Meetings(12 Max), Monthly Drill(10 Max), Work Detail(10 Max), Bingo(20 Max), FD Events(10 Max)
- 2 Hrs of Approved Training = 1 Point(20 Max)
- Fireman's Carnival 1 Day Worked = 1 Point, All 4 Days = 5 Points, Clean Up Sunday = 2 Points
- Fireman's Parade = 2 Points

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Personal Information

<u>Last Name</u>			<u>First Name</u>			<u>Middle Name</u>		
<u>Sex</u> M <input type="checkbox"/> F <input type="checkbox"/>	<u>Date of Birth</u> / /	<u>Last Four of SSN</u>	<u>Cell Phone</u>	<u>Home Phone</u>	<u>E-Mail Address</u>			
<u>Street Address</u>			<u>City</u>		<u>State</u>	<u>Zip Code</u>		

Education

<u>High School(Most Recent)</u>	<u>Address(Street, City, State, Zip)</u>	<u>Dates Attended</u> to	<u>Graduated</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<u>College(List All Attended)</u>	<u>Address(Street, City, State, Zip)</u>	<u>Dates Attended</u>	<u>Graduated</u>	<u>Major/Degree</u>
		to	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		to	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		to	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<u>Other Education(List All Attended)</u>	<u>Address(Street, City, State, Zip)</u>	<u>Dates Attended</u>	<u>Graduated</u>	<u>Field of Study</u>
		to	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		to	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		to	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment *List Entire Work History, Including Self-employment & Part-Time Jobs. Use Add. Paper as Necessary.*

<u>Current Employer</u>	<u>Employer Description</u>	<u>Position/Title</u>	<u>Dates Employed</u> to
<u>Brief Description of Duties and Responsibilities</u>			
<u>Street Address</u>		<u>City</u>	<u>State</u> <u>Zip Code</u>
<u>Supervisor's Name</u>	<u>Phone Number</u>	<u>May We Contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Add. Comments</u>

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<u>Previous Employer</u>	<u>Employer Description</u>	<u>Position/Title</u>	<u>Dates Employed</u> to
<u>Brief Description of Duties and Responsibilities</u>			
<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Supervisor's Name</u>	<u>Phone Number</u>	<u>May We Contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Reason for Leaving</u>

<u>Previous Employer</u>	<u>Employer Description</u>	<u>Position/Title</u>	<u>Dates Employed</u> to
<u>Brief Description of Duties and Responsibilities</u>			
<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Supervisor's Name</u>	<u>Phone Number</u>	<u>May We Contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Reason for Leaving</u>

Military Service

<u>Military Service, Past or Present?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, You May Skip This Section

Branch of Service(List All Joined)	Dates Active	If Discharged	If Dishonorable, Brief Explanation
	to	Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/>	
	to	Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/>	
	to	Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/>	

Fire/EMS Certifications *If Multiple, List Most Pertinent. Attach Copies with Application.*

Pro-Board	VDFP	EMS/National Registry

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Health and Medical History *Use Add. Paper as Necessary.*

<u>Allergies</u>	<u>Reaction</u>	<u>Medication Prescribed/Used</u>

<u>Past Operations, Serious Injuries and/or Chronic Illnesses</u>	<u>Brief Explanation/Outcome</u>

<u>Medications</u>	<u>Reason for Use</u>	<u>Physical and Mental Effects</u>

Personal References *Please List Three. NO RELATIVES. Contact Information Must Be Good.*

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Address</u>

Miscellaneous

Do You Have Any Additional Information Which May Affect Your Participation?

Do You Have Anything You Would Like to Say On Your Behalf or Share About Yourself?

Why Are You Interested In Joining the Fire Service With Culpeper County Volunteer Fire Department?

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Have You Ever Applied for Membership With Culpeper County Volunteer Fire Department Before?

Yes

No

If Yes, Describe When and What the Outcome Was

I HEREBY CERTIFY THAT THE ANSWERS AND INFORMATION FOUND WITHIN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION OF THE FACTS ON MY PART ARE JUSTIFICATION FOR REJECTION. I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF MEMBERSHIP.

SIGNATURE: _____ **Date:** _____

DO NOT SIGN BELOW UNTIL AFTER YOUR INTERVIEW

In consideration of the foregoing facts, I hereby apply for membership in the Culpeper County Volunteer Fire Department, Inc. If elected, upon my honor, I pledge to obey the orders of my officers and to abide by the Department By-Laws, Code of Ethics and Standard Operating Guideline(SOG's).

SIGNATURE: _____ **Date:** _____

Authority to Release Information

To Whom It May Concern,

I hereby authorize the President/Chief of the Department, or any other authorized official of the Culpeper County Volunteer Fire Department, bearing the release, permission to conduct a personal background check, which I know will include any information held in my personal and training files from other departments if applicable.

This release is granted with full knowledge and understanding that this information is for official use of the Culpeper County Volunteer Fire Department, and furthermore, that it may be used to terminate this application process. None of this information will be released to any other individual or agency without consent of the applicant.

I hereby release you, as custodian of such records, from any liability or damage of whatever kind, resulting at any time, because of compliance with this authorization.

PRINT FULL NAME: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

For Department Use Only

APPLICANT NAME: _____

We the Undersigned Committee, having investigated the applicant whose name appears above,

recommend to the membership his/her application as:

FAVORABLE

UNFAVORABLE

SIGNED: _____ **DATED:** _____

SIGNED: _____ **DATED:** _____

SIGNED: _____ **DATED:** _____

SIGNED: _____ **DATED:** _____

SIGNED: _____ **DATED:** _____

Comments

Pledge of Service

If elected, the member **MUST** sign the following pledge:

I, _____, in accepting a position in the Culpeper County Volunteer Fire Department, Inc. hereby pledge myself to abide by the rules and regulations of the said department, and hereby promise to obey all orders of the Chief, or his assistants, in any matter pertaining to the work of said department. This pledge shall stand good until my resignation has been tendered and accepted.

SIGNATURE: _____ **DATE:** _____

WITNESSED: _____ **DATE:** _____