

Augusta County Fire-Rescue Services
Volunteer Membership Application

Dear Potential Volunteer:

Thank you for your interest in the volunteer fire and rescue system in Augusta County.

Thirty fire departments and rescue squads utilizing approximately 500 volunteers serve Augusta County and provide the much needed services to the citizens.

Augusta County Fire-Rescue Volunteer Office is designed to help each volunteer fire department and rescue squad in the "hunt" for that important volunteer. The mission of this office is to help find and place volunteers.

The information in this packet is for you to review, fill out, and return to the Volunteer Coordinators Office at P.O. Box 590, Verona, VA 24482. If you have any questions, please feel free to give me a call at (540) 245-5283.

THANKS!

Minday M. Craun
Fire-Rescue Volunteer Coordinator

Volunteers...

Make a Difference

Augusta County Fire-Rescue Services
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Name:	Date:
Address:	Home Phone:
Address:	Work Phone:
City/State/Zip:	Zip:

Volunteer Fire and/or Rescue Agency in which you wish to join?

Areas of Interest:

Drivers License: State & Number:	
Employer/Occupation:	
Employer's Address:	
Employer's Telephone:	Years Employed:
High School Attended:	Level Completed:
College Attended:	Level Completed:
Other:	Level Completed:
Specialized Training:	
Current Fire and/or EMS Certifications:	

PLEASE LIST THREE REFERENCES				
NAME	OCCUPATION	ADDRESS	PHONE	YEARS KNOWN

What time schedule would you be most interested?

- Daytime
 Evening
 Weekends
 Varied/flexible schedule

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Please tell us about any prior volunteer experience you may have.

Please tell us about any prior Fire and/or EMS you may have.

Have you ever been a member of another Fire-Rescue or EMS organization? Yes No
If yes, please list the names of previous organization(s).

1. _____

County
State

2. _____

County
State

3. _____

County
State

Please tell us what interest you in becoming a member of a volunteer agency and what alerted you to our search for new members?

Have you ever been convicted in the last five years of any criminal violation(s)? Yes No
If yes, please list year(s) and type of violation(s).

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

READ:	
APPROVED:	
COMMENTS:	

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Dear Volunteer Applicant:

The Augusta County Fire-Rescue Services is an Equal Opportunity Employer and does not discriminate because of race, creed, color, sex, religion, national origin, age or disability. Accordingly, the County provides fair and equal employment opportunities for both employees and applicants based on individual merit and fitness as ascertained through fair and practicable methods and recruitment and selection.

You must complete all sections of the application. You may omit any training, memberships, licenses, or certifications, which would identify your race, color, sex, national origin, religion, or disability.

Volunteer membership with the Augusta County Fire-Rescue Services is on an "at-will" basis. No policy, procedure, or any statement made by a County employee or official should be construed as a contract of employment for any specific duration.

Thank you for your interest in the Fire-Rescue Services.

The undersigned, in order to apply for a position as a volunteer member gives permission to the Augusta County Fire-Rescue Services and its employees to contact current and prior employers and volunteer organizations of which I am now or have been a member, or in whose activities I have participated, for the purpose of obtaining copies of my records, or oral information related to my employment or volunteer service. I release my employers, volunteer organizations, their agents, officers and employees and Augusta County, its employees, agents, officers and volunteers from any claims or liability resulting in any manner or arising out of these request for information and use of the information for the purpose of reviewing my application for membership.

Date: _____ Signature: _____

Name (print or type): _____

COMMONWEALTH OF VIRGINIA,
COUNTY/CITY OF _____, to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____.

My commission expires:

Notary Public