

SHENANDOAH COUNTY FIRE AND EMS VOLUNTEER APPLICATION

APPLICANT INFORMATION

Please note: all information needs to be filled out in order for your application to be processed.

Name: _____

Address: _____

Social Security Number: _____

Phone (H) (____) ____ - _____

(W) (____) ____ - _____

Date of Birth: _____ Sex: M or F

MEMBERSHIP INFORMATION

Type of membership you are interested in applying for: (circle choices)

Active Firefighter

Fire Corps Position

Active Emergency Medical Technician

Associate/Honorary

Junior/Cadet

Auxiliary/Support Team

Name of the Fire or Rescue Company you are interested in joining:

Do you possess any of the special skills below that you would be willing to share with a volunteer fire or rescue company? (circle all that apply)

Computer

Photography

Fund Raising

Public Relations/Recruitment

Public Speaking

Other: (please

list) _____

Please list any certifications in firefighting or emergency medical services that are current or you have previously held.

Do you have transportation to respond to Fire or EMS emergency calls, meetings and trainings?
(circle one)

YES

NO

Employer: _____

Employers Address: _____

Supervisor's Name: _____ Phone number: _____

Have you ever held membership or previously applied for membership in any Fire or EMS company? (circle one)

YES

NO

If yes, please provide the following information:

Organization: _____

Dates of Service: _____

Address and Phone Number: _____

Chief Officer's Name and Phone Number: _____

In the space provided, briefly explain why you would like to join a Volunteer Fire or EMS Company, what you hope to gain from membership, and what you have to offer a company.

Please list three references, who are not in your family, you have know for a minimum of one year.

Name	Mailing Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background Information:

High School/Tech School: _____

College/Vocational School: _____

Post Graduate: _____

Military Experience: _____

Emergency Contact Information

Name: _____

Relation: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Signature if you are a minor:

STATE POLICE CRIMINAL HISTORY RECORD NAME SEARCH REQUEST - THIS MUST BE FILLED OUT BEFORE SUBMITTING YOUR APPLICATION TO SCFR. THE FORM CAN BE LOCATED AND PRINTED FROM THE FORMS SECTION OF THIS WEBSITE ON THE FRONT PAGE. READ CAREFULLY BEFORE SIGNING

CERTIFICATION OF APPLICATION INFORMATION

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time. I also understand that the results of my background investigation could prohibit my membership. I agree to hold Shenandoah County Government, Shenandoah County

Dept. of Fire and Rescue, Shenandoah County Fire and Rescue Association, any fire or rescue company, it's officers, and personnel harmless if these events should occur

AUTHORIZATION TO OBTAIN INFORMATION

I authorize Shenandoah County Dept. of Fire and Rescue to conduct a background investigation in connection with my volunteer application. This investigation may include information as to school attendance, police convictions, Division of Motor Vehicle records, employers, references, and other appropriate sources. I authorize the release of any information that Shenandoah County Dept. of Fire and Rescue may request from the above sources. All information received by the Department will be used in accordance with applicable law.

Applicant Signature: _____ Date: _____

Notary Public Signature: _____

My commission expires: _____

Please send the completed application to:
Recruitment and Retention Coordinator
Shenandoah County Department of Fire and Rescue
600 N. Main St, Suite 109
Woodstock, VA 22664

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business Check made payable to "Virginia State Police"

OR will accept VISA and MasterCard

Personal Checks Not Accepted

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of this Form for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form must be **TYPED OR NEATLY HAND-PRINTED**.
Complete the Criminal History Record Request by Following these Instructions:

- PURPOSE OF THIS REQUEST:** Primary reason for request.
- NAME INFORMATION TO BE SEARCHED:** Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted.
Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.
- AFFIDAVIT FOR RELEASE OF INFORMATION:** Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).
- SIGNATURE OF PERSON MAKING REQUEST:** Affidavit must be signed by authorized agent and notarized to receive the search results.
- NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:** Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.
- FEES FOR SERVICE:** Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.
- METHOD OF PAYMENT:** Indicate method of payment.

Mail the Complete S.P. 167 "Criminal History Record Request" to:

Virginia State Police
Central Criminal Records Exchange - NF
P.O. Box 85076
Richmond, Virginia 23261-5076

Instructions For Requesting a Search of the “Sex Offender and Crimes Against Minors Registry”

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, S.P. 266 “Sex Offender and Crimes Against Minors Registry” name search forms may be obtained by downloading from the State Police’s web-site on the Internet @www.virginiatrooper.org.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and S.P 266 form. Violent sex offenders can be searched through the Internet at the above web-site.

Cost Structure and Types of Records Searches Available

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an S.P. 266 “Sex Offender and Crimes Against Minors” name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Internet.
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a “Criminal History Record Name Search” and “Sex Offender and Crimes Against Minors.” The purpose of this search is for volunteering services for a non-profit organization. The S.P. 167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The S.P. 167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.