

Trained to Save – Committed to Serve



Kemper Station Membership Application

BUCKHALL FIRE AND RESCUE

COMPANY 516

7190 YATES FORD ROAD

MANASSAS, VA 20111

703-368-0859

Buckhall Volunteer Fire Dept. (BVFD) Membership Application

Please **print** all information

TYPE OF MEMBERSHIP APPLYING FOR: ACTIVE MEMBER - FIREFIGHTER _____ EMT _____ BOTH _____
SUPPORTING MEMBER _____ JUNIOR MEMBER - FIREFIGHTER _____ EMT _____ BOTH _____

NAME _____
LAST NAME FIRST NAME MI ANY PREVIOUS NAME USED

HOME ADDRESS: _____ APT _____

CITY: _____ ZIP CODE _____

YEARS AT THIS ADDRESS: _____ IF LESS THAN 1 YEAR PROVIDE PREVIOUS ADDRESS BELOW:

PHONES HOME: _____ CELL : _____ WORK : _____

EMAIL ADDRESS: _____

**DOB: ____/____/____ **SSN: _____ - _____ - _____ **DRIVER'S LIC: _____

****REQUIRED**

EDUCATIONAL HISTORY:

HIGH SCHOOL:

NAME: _____ DATE ATTENDED: _____ GRADUATED _____ YEAR _____
CITY/STATE: _____ DEGREE/DIPLOMA/CERTIFICATE _____

TRADE/VOCATIONAL SCHOOL:

NAME: _____ DATE ATTENDED: _____ GRADUATED _____ YEAR _____
CITY/STATE: _____ DEGREE/DIPLOMA/CERTIFICATE _____

COMMUNITY COLLEGE:

NAME: _____ DATE ATTENDED: _____ GRADUATED _____ YEAR _____
CITY/STATE: _____ DEGREE/DIPLOMA/CERTIFICATE _____

COLLEGE/UNIVERSITY:

NAME: _____ DATE ATTENDED: _____ GRADUATED _____ YEAR _____
CITY/STATE: _____ DEGREE/DIPLOMA/CERTIFICATE _____

POST-GRADUATE:

NAME: _____ DATE ATTENDED: _____ GRADUATED _____ YEAR _____
CITY/STATE: _____ DEGREE/DIPLOMA/CERTIFICATE _____

ANY SPECIALIZED TRAINING THAT WOULD APPLY TO FIREFIGHTING OR EMS? LIST COURSE AND WHEN TAKEN:

Buckhall Volunteer Fire Dept. Membership Application

EMPLOYMENT HISTORY: PLEASE DOCUMENT 10 YEARS OF EMPLOYMENT HISTORY:

1. **COMPANY NAME:** _____ PHONE NUMBER _____

ADDRESS: _____ CITY/ZIP _____

DATES EMPLOYED _____ TO _____ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

2. **COMPANY NAME:** _____ PHONE NUMBER _____

ADDRESS: _____ CITY/ZIP _____

DATES EMPLOYED _____ TO _____ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

3. **COMPANY NAME:** _____ PHONE NUMBER _____

ADDRESS: _____ CITY/ZIP _____

DATES EMPLOYED _____ TO _____ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

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GENERAL BACKGROUND QUESTIONS

Have you ever been convicted of a moving traffic violation, misdemeanor or felony? Yes ___ No ___ If yes, explain & include jurisdiction _____

Are you currently charged with or under indictment for any crime that has not been resolved in court? YES ___ NO ___ If yes, explain & include jurisdiction. _____

Have you ever used illegal substances or been addicted to controlled substances? Yes ___ No ___
If yes, explain and include treatment currently in and plan to remain drug free _____

Have you previously been a member of **any** other fire department? YES ___ NO ___ If yes, please indicate where, how long, positions held and reason for leaving _____

Have you previous applied to Buckhall VFD or any other fire department and not been accepted? YES ___ NO ___ If yes, what department, date applied, and reason for denial _____

Military Service? _____ Branch: _____ Dates Served _____ to _____

Current Status _____ Type of Discharge _____

If not honorable explain: _____

CONSENTS & RELEASES

Please check yes or no and initial by each item as necessary:

Yes No Initial

Are you willing to submit to the annual NFPA physical required of all active firefighters and EMS personnel (Supporting are exempt) _____

Do you have any medical issues, health concerns or physical disabilities that may interfere with your ability to fully perform fire/EMS duties? _____

If yes, explain _____

I agree to notify the BVFD Secretary when my contact information changes (Including name, address, phone(s) and email) _____

I understand that as a member of BVFD, I may be subject to initial, random, and for cause drug and/or alcohol screening _____

I give BVFD permission to check my driving and criminal history records. _____

INTERNET PUBLICATION RELEASE AND CONSENT FORM FOR MEMBER’S NAME, PHOTOS AND WORK ON INTERNET AND IN PRINTED PUBLICATIONS:

Please check the boxes and sign below to authorize the acceptance or rejection of permission to publish a member’s photograph with a reference to their name or work (artwork, writings, etc.) on the Buckhall VFD internet web site and/or in connection with printed publications for duplication, distribution, direct exhibition, and any subsidiary public educational purposes whatsoever in perpetuity. Buckhall Volunteer Fire Department has the sole discretion to edit the picture(s) as they see fit for incorporation in the publications, and I specifically waive any rights to compensation I may have with respect to the use of my name, likeness, or pictures.

NOTE: Group photos of members depicted in service without references to names may be published, but individual member photos will not be published without permission.

- | | |
|---|----------------|
| Group photo with member’s name referenced may be published. | Yes ___ No ___ |
| Individual photo with member’s name referenced may be published. | Yes ___ No ___ |
| Individual photo without member’s name referenced may be published. | Yes ___ No ___ |
| Member’s work may be published (artwork, writings, etc): | Yes ___ No ___ |

I hereby give authorization as indicated by the above checkmarks, and release Buckhall Volunteer Fire Department from liability resulting from or connected with the publication of this information.

Signature of Applicant/Member	Printed Name of Applicant/Member	Date
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Signature of BVFD Witness	Printed Name of BVFD Witness	Date
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INSTRUCTIONS FOR REFERENCES

Attached you will find three blank pages for references. Please complete the information at the top and return all three with your application. The membership committee will call or email the references and obtain the requested information. Please inform your references they will be contacted by the Membership Committee at the Fire Department.

Please adhere to the following guidelines:

1. Do not use family, friends, classmates etc. as references;
2. Use any or current employer or supervisor;
3. If a former member of a fire dept., use your former superior officer, chief or president;
4. If you are applying for Junior Membership, use teachers, guidance counselors, employers, coaches, etc.

INSTRUCTIONS FOR JUNIOR MEMBER APPLICANTS

There is an additional consent form that must be signed if you are applying for Junior Membership (ages 16-18). This form must be read by and signed by your parents. You will remain on probation until you turn 18 at which time you must make a **request in writing** to become a full member of BVFD.

ADDITIONAL INFORMATION

Thank you for your interest in volunteering with Buckhall Volunteer Fire Department. Once you have completed this application, please either drop it off at the station in the "Membership" mailbox, or you may mail it to BVFD Membership Committee at 7190 Yates Ford Road, Manassas, VA 20111.

Once we have reviewed your fully completed application, you will be contacted by the Membership Committee for an interview. Please be sure your contact information and that of your references is accurate. Once you have had your interview, and we have received your references and background checks, you will be invited to a monthly membership meeting if all results are positive. At that meeting you will be introduced to the membership who will be requested to vote you into probationary membership. Information regarding your participation will be provided following a vote into probation.

If you have any questions, please feel free to call the Station at 703-368-0859 or you may email the membership committee at Membership@buckhallvfd.org with any questions you may have.

We look forward to having you join us as we serve the members of the Buckhall Community to provide fire, EMS and educational services. Thank you for your time.

Sincerely,

The BVFD Membership Committee

Buckhall Volunteer Fire Department
7190 Yates Ford Road Manassas, VA 20111
703-368-0859

Reference Request

Please complete three reference requests. Please provide persons who know of your character and do not include any relatives, friends etc. If you are in high school, please include a guidance counselor and/or homeroom teacher.

I, _____, give permission to contact the person listed below for a reference regarding my membership application at BVFD.

Signed _____ Date _____

PRINT THIS INFORMATION:

Name of Reference: _____ Relationship _____

Address _____ City _____ Zip Code _____

Email Address: _____ Phone _____ Home/Cell/Work – circle

* Date Reference Contacted _____ Contacted By _____

How long have you known this applicant? _____ In what capacity? _____

Please rate the candidate on the following scale of 1 to 5; one being unacceptable and 5 being outstanding.

Characteristic	1	2	3	4	5
Honesty					
Truthfulness					
Respectfulness					
Reliability					
Ability to react under stress appropriately					
Ability to learn new things					
Willingness to follow instructions					

Please describe the candidate's ability to get along with peers? _____

Please describe the candidate's ability to get along with supervisors / adult authority figures? _____

Please describe the candidate's ability to function in a high stress environment? _____

Please describe the candidate's ability to accept constructive criticism _____

Other information we may find helpful in evaluating this candidate's potential as a volunteer in a Fire-EMS department? _____

Signed by Reference _____ Date _____

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 7190 Yates Ford Road Manassas, VA 20111
 703-368-0859

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Please describe the candidate's ability to function in a high stress environment? _____

Please describe the candidate's ability to accept constructive criticism _____

Other information we may find helpful in evaluating this candidate's potential as a volunteer in a Fire-EMS department? _____

Signed by Reference _____ Date _____

RELEASE AND PERMISSION FOR JUNIOR MEMBERS ONLY

As the parent/guardian of a junior member, I understand, agree to, and have discussed the following information with my teen:

1. Junior members are required to take the pre-requisite classes prior to taking EMT or Firefighting classes;
2. Following this training, and completion of their physicals, they may be allowed to ride as a third person on the ambulance or a 'red hat' on the fire apparatus under the direction of the officer;
3. Continuing education is available through the Virginia State certified Firefighter classes and EMT classes. These classes require more than 130 hours each of training, both classroom and field/practical work, and are a large commitment of time and study. The student must pass the state test to be able to function in the capacity of EMT or Firefighter and may not become a lead until they complete a preceptorship, and after they turn 18;
4. Junior members may not enter a burning building, except in a controlled training situation, until they become 18;
5. Parents are aware that the responsibilities of both Firefighters and EMTs are great and can be very stressful, with both physical and psychological impacts. Each person deals with these responsibilities differently and the station has means to help members deal with this stress. As a parent, please be aware of this and discuss the things your teens sees during calls to help them cope.
6. Although all possible precautions are taught, drilled and taken during calls, there is always the possibility of physical injury, exposure to infectious diseases, hazardous environments and violent behaviors due to the variation of reaction to any event. Although there is continual adult supervision of any Junior on a call, they must always follow the orders of the officer and be alert to potential dangerous situations.
7. By signing this document you agree your son/daughter has the maturity to follow orders, be alert to changing situations and is willing to grow and learn while participating in the activities of the department within the guidelines set forth for Junior Members.
8. Juniors must be out of the station by 2200 hours on school nights.
9. Juniors are required to present their report cards to the Junior Coordinator each time they are issued and they are required to maintain a 2.5 grade point average to take part in station activities;
10. Juniors may stay overnight at the station on non-school nights only if there is a volunteer officer in the station who will be staying overnight.
11. When a Junior turns 18 and has met all membership requirements, (i.e. completion of a class and passing of the appropriate state test) they may request full active membership in BVFD in writing to the membership committee, which will bring the request to the full membership at a monthly meeting.
12. Junior members have NO voting privileges.
13. When in the station, Junior members are expected to be in the station uniform and to be responsive to the station officer of the day, either volunteer or career.

By signing below, I acknowledge I have discussed the information above with my son/daughter and understand the activities, rewards and potential dangers in becoming a volunteer member of BVFD. I agree that my son/daughter, whose application this is, possess the necessary maturity to perform the duties and responsibilities to function as a member of Buckhall VFD.

Name of Parent/Guardian (Print) _____

Signature _____ Date _____

Name of Junior Applicant (Print) _____

Signature _____ Date _____