



WILLIAMSBURG VOLUNTEER FIRE DEPARTMENT

440 North Boundary Street, Williamsburg, VA 23185

1. APPLICANT INFORMATION

Name (last, first middle) _____ Date _____

Home Address _____ College/Business Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Residence in area _____ years _____ months Occupation _____

Driver's License # _____ State _____ Type _____

Date of Birth (must be ≥18 years old) _____ Are you a US citizen? Yes No

2. EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did You Graduate?	Diploma/ Degree/ Certificate
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify)				Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. MILITARY (IF APPLICABLE)

Did you serve in the U.S. Military? Yes No Are you still serving in the U.S. Military? Yes No

Branch _____ Length of service _____

Date of discharge (Attach a copy of your DD Form 214) _____

Draft registration status _____

Please attach a copy of your ERB/ORB if you are still serving as active duty, National Guard, or a reserve component in the military.

4. EMPLOYMENT

List below present and past employment, beginning with your most recent.

Name of Company and Type of Business	Telephone # / Email Address	Employment Dates	Reason for Leaving	Name of Supervisor

Describe the work you did: _____

Name of Company and Type of Business	Telephone # / Email Address	Employment Dates	Reason for Leaving	Name of Supervisor

Describe the work you did: _____

Name of Company and Type of Business	Telephone # / Email Address	Employment Dates	Reason for Leaving	Name of Supervisor

Describe the work you did: _____

5. REFERENCES (Not Former Employers or Relatives)

Name and Occupation/City and State	Email Address	Phone Number

6. EXPERIENCE IN FIRE/EMS

List any previous volunteer/career Fire Department or EMS experiences and applicable dates.

7. CERTIFICATIONS

List any certifications you have. Copies of any listed certifications must be included with the application.

8. QUESTIONS

1. How long do you intend to stay in the Williamsburg area?

2. Why are you interested in volunteering with the WVFD? Explain.

3. Do you know anyone in the WVFD? If so, whom?

4. Do you possess any special skills (firefighting, EMS, administrative, or other) that you feel will enhance this Department? Explain.

 5. Are you interested in volunteering as an administrative member, firefighter, and/or EMT? Explain.

 6. Have you been dismissed from, forced to resign from, or denied entry into any fire or rescue organization, volunteer or career? Explain.

 7. Is there anything else you would like the WVFD to know about you? Explain.
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Williamsburg Volunteer Fire Department Application Checklist:

- Fully completed above form
- Information Release Form
- Emergency Contact Form
- Medical Release Form
- Firefighter/EMT Physical Form
- WVFD Volunteer Requirements Form
- Personal photograph
- Copies of certifications, which must include CPR and ICS courses 100, 200, 700, and 800
- Photo copy of your driver's license
- DMV Driver Transcript
- Vaccination record, which must include: Hepatitis-B; Tetanus; Measles, Mumps, Rubella; and Polio vaccinations
- Records of Hepatitis-B, Tuberculosis, and Acquired Immune Deficiency Syndrome (HIV) tests
- Copy of DD Form 214 (if separated from military service)
- Copy of ERB/ORB (if still serving as active duty, National Guard, or a reserve component in the military)

Your completed application and copies of all required documents must be dropped off in a sealed envelope at the Williamsburg Fire Department or mailed to the address below. All applicant packages should be addressed as follows, regardless of if it is mailed or dropped off. **PLEASE DO NOT FOLD APPLICATIONS OR ATTACHMENTS.**

President
Williamsburg Volunteer Fire Department
440 N. Boundary Street
Williamsburg, VA 23185

Information Release Form

By my signature below, I, (print name) _____, certify that the information contained in this application is true and complete to the best of my knowledge. I am aware that my entire background is to be thoroughly investigated. I hereby authorize and request the release of any and all information concerning me by the Virginia Office of Emergency Medical Services and the Virginia State Police to the Williamsburg Volunteer Fire Department, Inc., its Board of Directors, and the City of Williamsburg Fire Chief. I also give my permission for the Williamsburg Volunteer Fire Department, Inc. to investigate my background with any of the references, military officials, school officials, doctors, or present and former employers named in this application, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving the information.

Signature _____ Date _____

Witness _____ Date _____

Witness Name (Print) _____

Emergency Contact Form

Name: _____

Date: _____

Marital Status: _____

Dependents (Spouse, Children, Step Children)

Name	Relation	Date of Birth

Emergency Contacts: (List in order of priority)

Name	Relation	Cell Phone	Home Phone	Work Phone	Address

Medical Release Form

By my signature below, I, (print name) _____, hereby authorize and request the release of any and all medical information concerning me, including, but not limited to, any medical test results, laboratory test results, physical findings relative to the Firefighter/EMT Physical Form, past or present medical histories, or any other pertinent medical background information to the Williamsburg Volunteer Fire Department, Inc. (WVFD), its Board of Directors, and the City of Williamsburg Fire Chief.

I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information, and certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving such information; I also understand that if I decline to consent to the administration of any of the required tests or physical requirements and/or if I fail or refuse to provide information regarding any past or present medical history, and/or if I fail to pass any test or requirement satisfactorily, I may be exempt from volunteer service with the Williamsburg Volunteer Fire Department, Inc. (WVFD).

Signature _____ Date _____

Witness _____ Date _____

Witness Name (Print) _____

Firefighter/EMT Physical Form (Not for Administrative Members)

The following form must be completed by a healthcare provider.

The following is a brief summary of the duties of volunteer fire/rescue service personnel. Some of these duties require rigorous activity over prolonged periods and under adverse weather/environmental conditions. Please review carefully the activities listed below:

- Participating in training in firefighting and rescue procedures
- Riding fire engines, ladder trucks, and/or medic units
- Carrying and using heavy tools and equipment
- Using and wearing protective breathing apparatus (approx. 35 pounds)
- Using fire hose and various small tools and equipment
- Entering hazardous environments wearing personal protective equipment (PPE)
- Removing persons from dangerous/hazardous areas
- Raising and climbing ladders
- Performing salvage and overhaul operations at fire scenes
- Extinguishing fires with extinguishers and/or hose lines
- Ventilating buildings
- Carrying and loading patients on stretchers
- Exposure to infectious patients
- Exposure to stressful environments or situations

Physical demands:

- **Lifting:** Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.
- **Climbing:** Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, and the like, using the feet and legs and/or hands and arms.
- **Balancing:** Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces.
- **Stooping:** Bending the body downward and forward by bending the spine at the waist.
- **Kneeling:** Bending the legs at the knees to come to rest on the knee or knees.
- **Crouching:** Bending the body downward and forward by bending the legs and spine.
- **Crawling:** Moving about on the hands and knees or hands and feet.
- **Reaching:** Extending the hands and arms in any direction.
- **Handling:** Seizing, holding, grasping, turning, or otherwise working with the hand or hands (fingering not involved).
- **Fingering:** Picking, pinching, or otherwise working with fingers primarily (rather than with the whole hand or arm as in handling).
- **Feeling:** Perceiving such attributes of objects and materials as size, shape, temperature, or texture, by means of receptors in the skin, particularly those of the finger tips.
- **Talking:** Expressing or exchanging ideas by means of the spoken word.
- **Hearing:** Perceiving the nature of sounds by the ear.

- Seeing: Obtaining impressions through the eyes of the shape, size, distance, motion, color, or other characteristics of objects; the major visual functions are acuity, far and near, depth perception, field of visions, accommodation, and color vision, defined as follows:
 - Acuity, far: clarity of vision at 20 feet or more
 - Acuity, near: clarity of vision at 20 inches or less
 - Depth perception: three dimensional vision; the ability to judge distance and space relationships as to see objects where and as they actually are
 - Field of vision: the area that can be seen up and down or to the right or left while the eyes are fixed on a given point
 - Accommodation: adjustment of the lens of the eye to bring an object into sharp focus; this item is especially important when doing near-point work at varying distances from the eye
 - Color vision: the ability to identify and distinguish colors

Note: The WVFD provides only the standard three-shot (3) Hepatitis-B vaccination series. State law requires all fire/rescue personnel to have current Hepatitis-B and Tetanus vaccinations. The WVFD also requires all applicants to have current Measles, Mumps, Rubella, and Polio vaccinations, as well as appropriate Hepatitis-B, Tuberculosis, and Acquired Immune Deficiency Syndrome (HIV) test results.

I certify that _____ is in good health and is physically capable of performing and being exposed to the prior mentioned conditions. I also certify that he/she has all of the required vaccinations listed above, and has appropriate results from the required tests listed above.

Signature _____ (Healthcare Provider)

Healthcare Provider Information:

Name _____

Address _____

Phone # _____

Date _____

* Please attach a copy of vaccination records and test results. *

WVFD Volunteer Requirements Form

The Williamsburg Volunteer Fire Department, Inc. (WVFD) appreciates your interest in becoming a member of the Department. We ask that you please read the following information carefully so that you understand the commitments of membership.

The following are required of all WVFD members:

1. Each member must record a minimum of twenty-five (25) hours of service to the Department each month.
2. All new members must complete the Probationary Membership Program (further information to follow) before being fully eligible to ride any emergency apparatus.
3. Each new member must achieve Virginia Firefighter I or EMT-B levels within their first year of membership in the Department. Collegiate members must have either of the two (2) certifications upon application to be eligible for membership.
4. All new members must serve a minimum six (6) month probationary period during which they are to attend all monthly WVFD general business meetings and training sessions/drills. General business meetings occur on the first Monday of every month and there is a training session/drill every month on a Monday night.
5. Each member must participate in the annual Fund Drive at least twice and is expected to participate in all other Department activities.

I, (print name) _____, have read and duly understand the application information contained in this application package. I understand that volunteering can be a rewarding experience, but there are certain monthly obligations I must meet in order to remain in good standing with the Department. I agree to carry through with any responsibilities that I may take on as a member. If I fail to meet these obligations, I realize that my membership may be rejected, suspended, or terminated by the Board of Directors of the WVFD.

I understand that I am on a probationary, non-voting status during my first six (6) months as a member in this Department. The probationary period ends only after an affirmative vote by the general membership of the WVFD. I promise to attend all monthly meetings and training drills during my probationary period unless I am formally excused by a WVFD Officer or a member of the Board of Directors.

I promise to notify the Board of Directors in writing if and when I must terminate my membership with the Department, or if I would like to request a period of leave from my required duties.

By my signature, I understand and agree to carry out the promises made above.

Signature _____

Date _____

The Williamsburg Volunteer Fire Department, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability in membership or the provision of services.