

Dear Applicant,

We welcome your membership application to join the Cluster Springs Volunteer Fire Department. The attached “Application Process” guide will provide you with detailed instructions on how the application process works and what steps that you will need to take to complete the application process. It is important that you fill out each part of the application packet completely and honestly.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be always concerned for the safety and welfare of the public. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our community with individuals who will uphold the excellent reputation of the Cluster Springs Volunteer Fire Department.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Cluster Springs Volunteer Fire Department

APPLICATION PROCESS

1. Contents of Packet

The membership application packet contains the following forms that must be completed:

- a. Volunteer Firefighter Membership Application, form (2 pages)
- b. Authority to Release Information, form
- c. Parental Consent Forms for Juniors (2 pages)

2. Completion of Application Packet

All applicants must COMPLETELY fill in the information on the forms listed in Section #1 above. When completed, you must sign the back of form.

3. Administrative Review of Application

When you submit your application packet, a thorough administrative review will be done. All information provided on the application will be verified. The following items are important things to consider when completing the application:

Membership in Other Organization: If you state that you are a member of other organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted.

Special Licenses or Certifications Held: If you state that you have a special license or certification, please attach a copy for the training file that is maintained on each member. Please also provide a legible copy of your Driver's License for our use in obtaining a Virginia Department of Motor Vehicle Records Check. *Do not attach the original of any license or certification.*

Previous Fire Service & Emergency Medical Service Training: If you state that you have previous fire service or emergency medical service training, please attach a copy for the training file maintained on each member. *Do not attach the original of any license or certification.*

4. Background Check

A thorough background check is conducted of each applicant submitting an application. Pursuant to 32.1-111.5 subsection E. Applicants less than 18 years of age **MUST SUBMIT WRITTEN AUTHORIZATION TO JOIN THE FIRE DEPARTMENT FROM THEIR PARENTS OR LEGAL GUARDIAN ALONG WITH THEIR APPLICATION.** The application will be considered incomplete and will not be acted upon unless or until this written permission is provided.

a. Background Check: A thorough background check is conducted of each applicant (except as noted above) and a five-year motor vehicle abstract is conducted through Motor Vehicle records.

6. Review of Application

When all portions of the application process are complete, the entire package will be submitted to the Cluster Springs Volunteer Fire Department membership for a review at the next regular business meeting. If there are any questions on the information submitted on the application on any of the information uncovered during the application process, further investigation will occur. If the Cluster Springs Volunteer Fire Department membership recommends membership for the applicant, the application process will be considered complete and the new member induction process will begin.

7. Orientation Procedure

Each applicant will be supplied with a copy (hard copy or digital) of the Cluster Springs Volunteer Fire Department By-laws when the application process is completed. This manual is to be reviewed and studied by the member in order to learn the operations and procedures of the Cluster Springs Volunteer Fire Department

8. Induction of New Members

If the Cluster Springs Volunteer Fire Department membership recommends membership for the applicant, the applicant will be promptly notified of the date of the next regular business meeting at the station. Meetings are held the second Thursday of each month at 1900 hours. It is strongly recommended that the applicant make every possible effort to attend this meeting in order to be accepted.

9. Active Duty Begins

Once the applicant is accepted, he/she is now a new member of the Cluster Springs Volunteer Fire Department. The new member will be notified of the equipment issuance process that must be completed in order to begin active duty status. Once equipment has been issued, the new member will be closely advised by the assigned station officer in the operating procedures that

must be followed when responding to incidents or when visiting the fire station. New members are strongly encouraged to continually review the Cluster Springs Volunteer Fire Department By-laws during the first few months of membership in order to take advantage of the valuable information it contains.

10. Points to Remember

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the membership process in order to allow sufficient time for the review of each applicant. Our goal is to complete the application process for each applicant from start to finish within 30 days. The Cluster Springs Volunteer Fire Department is an equal opportunity employer and will not discriminate against any applicant due to age, race, sex, religion, and national origin or due to non-merit factors. All new members must complete a six (6) month probationary period with the Fire Department before full membership privileges will be granted. Any habitual violation of policies or procedures during this period may lead to immediate expulsion from the Fire Department. Any applicant that fails to complete any portion of the application process within three (3) months of the original submission date of the application packet may be automatically rejected for membership. If the applicant is rejected for membership, he/she has the right to file a written request for reconsideration with the Board of Directors. The Chief of Department will then present the request to the Board of Directors. At that time, a complete investigation will be conducted.



CLUSTER SPRINGS VOLUNTEER FIRE DEPARTMENT MEMBER APPLICATION

The position(s) you are applying for: (check)

- Support Staff
 Firefighter
 Emergency Medical Services

Last Name:		First Name:		Middle Name:	
Address:					
State:		Zip:		Social Security Number:	
Home Phone:			Mobile Phone:		
Email:					
Are you legally authorized to work in the U.S.?			Yes	No	
Date of Birth: ___/___/___	Are you 18 years of age?		Yes	No	
Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering?				Yes	No
(If Yes, Explain)					
List any pertinent medication and medical conditions or allergies:					
Occupation:					
Employer Name:					
Are your driving privileges revoked or have they ever been revoked?			Yes	No	
(If Yes, Explain)					
Driver's License Number:			State of Issuance:		
How far do you live from the station?					
Do you have a member to recommend you?			Yes	No	Who:
How long have you been a resident of Halifax County?					
Have you ever been a volunteer at another organization?			Yes	No	Where:

**EMERGENCY CONTACT INFORMATION
IN THE EVENT OF AN EMERGENCY, NOTIFY:**

First Contact	Name:		Relationship:	
Address:				
Home Phone:		Mobile Phone:		
Second Contact	Name:		Relationship:	
Address:				
Home Phone:		Mobile Phone:		

BENEFICIARY INFORMATION

Full Name:		Relationship	
Date of Birth:		Last 4 of SS#:	
Phone:			

Read this application and your answers carefully before signing below.

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Cluster Springs Volunteer Fire Department. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for the cost of the Department's fees and any firefighter classes taken. By signing this form, I provide consent for a background and driving record check to be performed. The Cluster Springs Volunteer Fire Department has the right to deny an application for any reason.

Applicant Signature:	
Applicant Printed Name:	
Date of Application:	

Department Use Only:

Approved	Disapproved	Reason:	Date:
Member Number:			

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, _____, as a candidate for membership, with the Cluster Springs Volunteer Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the Cluster Springs Volunteer Fire Department with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original. This form also authorizes this institution to obtain a five-year driver history abstract through Motor Vehicles. I hereby give permission to the Cluster Springs Volunteer Fire Department and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the department.

Print Name

Date

Signature

Date of Birth

Street Address

City

State

Zip

Social Security Number

Drivers License Number and State

**BACKGROUND CHECK
PARENTAL CONSENT FORM
(To be completed by Junior Members only)**

I acknowledge that my child's eligibility for membership in the Cluster Springs Volunteer Fire Department is contingent on the outcome of a background check. By my signature below, I acknowledge that I have given my consent to the Cluster Springs Volunteer Fire Department to conduct a background check of my child including, but not limited to: obtaining my child's criminal history record information, county court records, municipal court records, and school disciplinary records. I further consent to my child's cooperation in supplying sufficient information to allow such a background check to be conducted, including supplying a fingerprint sample. I understand that this information will be used to evaluate my child's eligibility for membership in the Cluster Springs Volunteer Fire Department. I understand that if I refuse to consent to this background check, my child's application for membership shall not be considered.

I understand that my child shall be informed of the results of this background check and shall be granted the opportunity to correct any errors in the records obtained.

Parent Signature

Date

Print Name

DRUG/ALCOHOL USE AND TESTING POLICY PARENTAL CONSENT FORM

I acknowledge that I have received and read the Cluster Springs Volunteer Fire Department's Drug/Alcohol Use and Testing Policy. I understand that my child, as an applicant/junior member of the Cluster Springs Volunteer Fire Department, is subject to the Policy. I hereby consent to the testing of my child for drugs and/or alcohol pursuant to the Policy. Specifically, my signature hereon serves as parental consent:

1) For my child to undergo pre-membership alcohol and/or drug testing, including the submission of a urine sample for that purpose;

2) For my child to be drug and/or alcohol tested in accordance with the terms of the Policy and as permitted by law;

3) For the Cluster Springs Volunteer Fire Department to submit my child's urine sample for testing for drugs prohibited by the Policy; and

4) For the Cluster Springs Volunteer Fire Department to obtain the results of my child's drug and/or alcohol test from a certified laboratory for use in accordance with its Policy.

I understand that while my child is under the age of 18, aside from the Cluster Springs Volunteer Fire Department, only my child may have access to the results of any drug or alcohol test that is performed pursuant to the Policy. I also understand that I will not be given any further advance notice of any testing that may be performed pursuant to the Policy.

Signature

Print Name

Date

Please List Any Certifications On This Page.

1 _____

2 _____

3 _____

4 _____

5 _____

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10 _____