FAUQUIER FIRE AND RESCUE ASSOCIATION

MEMBERSHIP INFORMATION FORMS INSTRUCTIONS

PLEASE PRINT ALL INFORMATION WITH BLOCK NUMBERS AND LETTERS

This form should be completed by ALL members, including auxiliary or support members that are covered by the health and accident insurance policy. Incomplete forms will be returned to the individual members. Most items are self explanatory, however guidance is provided in the information listed here.

MEMBERSHIP CATEGORY
NEW MEMBER – Indicate membership category desired
COMPANY – Indicate company name and number
DATE – Indicate date requested
PRIMARY OR SECONDARY – Indicate if this is the only company you want to join. If already a member of another company and this is secondary company, please enter name of the company to which you currently belong.
Membership Category detail is provided on page 7 of this package. Please review before indicating the type of membership requested.

PERSONAL DATA
Complete all information that applies. For example if application is for a cadet or junior member without a driver's license that box can be let blank. Must complete emergency contact information.

EDUCATION
Complete highest grade completed and as much of the other information requested as possible.

FIRE AND RESCUE EXPERIENCE
Complete all information including all certifications earned.

MILITARY SERVICE
Complete the information requested as it applies to you.

EMPLOYMENT HISTORY
Provide information as it applies to you including employer name, address and phone number.

EMERGENCY NOTIFICATION
Please complete this information to ensure the contact information is available if needed.

MEDICAL INFORMATION - OPTIONAL
This information is optional.

DEMOGRAPHIC
This is information that will be used to develop a profile of the volunteer fire and rescue services in the county.

ADDITIONAL INFORMATION
Information required to help decisions about membership.

CERTIFICATION
Signature confirming that all information provided is accurate.

ALL OTHER FORMS
All other applicable forms must be completed and notarized where indicated.

Application for Membership

Fauquier Fire and Rescue Association

62 Culpeper Street
Warrenton, VA 20186

Membership Category Desired: (Definitions on Page 7)

_____ Firefighter/EMS (Class A) **_____ Junior (16 & 17 Years Old)**

_____ EMS Only (Class B) **_____ Cadet (14 & 15 Years Old)**

_____ Support/Auxiliary (Class C) **_____ Regular (18 Years & Older)**

Date _____ Company Joined _____ Primary or Secondary Co._____

If Secondary Already A Member of Co. _____

Personal Data

Name (Last, First, Middle)			Date of Birth:
Address (Number and Street):			
City:	State:	Zip:	E-Mail Address:
Home Phone:	Work Phone:	Cell Phone:	Driver's License #
Years of Residency in Area:	U.S. Citizen (Y/N):	Social Security Number:	
Name of Employer or School:			Occupation:
Work or School Address:			
City:	State:	Zip:	
Name of Emergency Contact:		Relationship:	Phone:

Education

Highest grade completed:	Years of College or Trade School:	Highest Degree or Certificate Earned:

List all schools attended starting with high school

School Name	Address	Major Field of Study	Degree or Diploma Earned	Dates Attended From To

Fire and Rescue Experience

Do you have any relatives working or volunteering for any Fauquier County Fire and Rescue Department? _____Yes _____No

If yes, please complete the following: Name of person _____ Department _____

Certifications: (Certifications need to be included with application when submitted)
Check any current certifications you have obtained (Add any not listed)

☐ CPR	☐ CPR Instructor	☐ First Responder	☐ EMT –B	☐ EMT Enhanced	☐ EMT-E
☐ EMT-1	☐ EMT-P	☐ EMT Instructor	☐ EVOC	☐ DPO	☐ Firefighter I
☐ Firefighter II	☐ Officer 1	☐ Officer II	☐ Officer III	☐ Fire Instructor	

Other Certifications: _____

_____

Military Service (if applicable)

BRANCH:	Years of Service:	Dates of Service:
Current Rank or Rank at Discharge:	Type of Discharge (if applicable):	

Employment History

Please list your last three jobs starting with your current or most recent

1. Current or Most Recent Employer:		Dates of Employment (mm/yy) From: To:	Fulltime or Part time
Address (Number and Street):			
City:	State:	Zip:	Phone:
Supervisor's Name:	Reason for Leaving (if applicable):		
Job Title and Duties:			
2. Employer:		Dates of Employment (mm/yy) From: To:	Fulltime or part time:
Address (Number and Street):			
City:	State:	Zip:	Phone:
Supervisor's Name:	Reason for Leaving:		
Job Title and Duties:			

Emergency Notification

Emergency Contact Name (Last, First, Middle):	Relationship:	☐ Male ☐ Female

Home Address:			
City:	State:	Zip:	Phone:
Work Address:			
City	State:	Zip:	Phone:
Cell Phone:	Pager Number:		

Medical

Date of Last Physical:	Date of Last Tetanus Shot:

Have you ever received the Hepatitis B Series? ☐ Yes ☐ No ☐ Declined Series, Date:

Blood Type:

Allergies:

Demographics

Do you work in Fauquier County? ☐ Yes ☐ No Do you work shifts? ☐ Yes ☐ No

Have days off during the week? ☐ Yes ☐ No Does your employer allow you to run calls during work hours? ☐ Yes ☐ No

Do you have any relatives working or volunteering for any Fauquier County Fire and Rescue Department? ☐ Yes ☐ No
If answer is "yes" to question above, please complete the following:

Name of person _____ Department _____

Additional Information

Have you been convicted of any offense or found by any court of law to have been engaged in any act involving the sexual molestation, physical or sexual abuse, or rape of a child? ☐ Yes ☐ No

Have you even been convicted of a crime, including driving under the influence of alcohol? ☐ Yes ☐ No

If yes, please explain: _____

_____

Certification

I hereby certify that the information provided by me on this application and all documents accompanying this application is true and accurate. I understand that falsifying any of this information is grounds for dismissal.

Date: _____ Signature: _____

County of Fauquier
Department of Fire & Emergency Services
62 Culpeper Street
Warrenton, VA 20186
Tel. (540) 422-8800 Fax (540) 422-8819

Junior and Cadet

(16 & 17 Years Old) **(14 & 15 Years Old)**

Parent/Guardian Consent Form

To Whom It May Concern:

This is to give permission for _____ , age _____ yrs and _____months, to pursue membership and participate at the authorized level according to the rules, regulations, bylaws and all ordinances of the Fauquier County Fire and Rescue Association, Fauquier County, Commonwealth of Virginia and the United States.

DO NOT SIGN or date this document until you are in the presence of a Notary Public.

Full Name (print or type): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ _____
Address City, State, ZIP Code

Telephone: _____ E-Mail Address: _____

Given under my hand, on this day,

_____ _____
Signature *Date*

_____ _____
Signature of Parent/Guardian if under 18 *Date*

_____
Print Name of Parent/Guardian

CERTIFICATE OF ACKNOWLEDGEMENT

COMMONWEALTH OF VIRGINIA
County/City of _____, to-wit:

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

_____
Notary Public

SEAL

My commission expires: _____ .

County of Fauquier
Department of Fire & Emergency Services
62 Culpeper Street
Warrenton, VA 20186
Tel. (540) 422-8800 Fax (540) 422-8819

PERMISSION TO RELEASE INFORMATION

To Whom It May Concern:
I hereby authorize any authorized representative of the Fauquier County Department of Fire & Emergency Services bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment (including any grievance records), volunteer service, military service, educational records, credit records, (including credit card and payment device numbers), and law enforcement records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Fauquier County Department of Fire & Emergency Services. Consent is granted for the Fauquier County Department of Fire & Emergency Services to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis. I have been advised that the Fauquier County Department of Fire & Emergency Services will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

I release all agents, officers, and employees, and Fauquier County, its employees, agents, officers, and volunteers from any claims or liability resulting in any manner or arising out of these requests for information and use.

DO NOT SIGN or date this document until you are in the presence of a Notary Public.

Full Name (print or type): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ _____
Address City, State, ZIP Code

Telephone: _____ E-Mail Address: _____

Given under my hand, on this day,

_____ _____
Signature *Date*

_____ _____
Signature of Parent/Guardian if under 18 *Date*

_____
Print Name of Parent/Guardian

CERTIFICATE OF ACKNOWLEDGEMENT

COMMONWEALTH OF VIRGINIA
County/City of _____, to-wit:

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

_____
Notary Public

SEAL

My commission expires: _____ .

Volunteer Membership Classifications

Listed below are three levels of participation that determine a volunteer's authorization to drive VFRA vehicles and level of physical exam required.

Class A (Level 1)

Fully operational members respond to fire, EMS, hazardous material and qualify to work in IDLH (immediately dangerous to life and health) atmospheres. This requires annual face mask fit testing and SCBA (self contained breathing apparatus) according to the Respiratory Protection Program. Class A includes driving in an emergency response mode (subject to driver training policies and DMV history).

Class B (Level 2)

Membership does NOT include IDLH/SCBA activity, essentially a class for EMS only personnel. These individuals must be able to lift as in the class A physical, but do not function at training or incidents requiring SCBA or respiratory protection other than medical filter masks such as N-95 for communicable disease protection.

Class C (Level 3)

Auxiliary/Support members will not be involved in emergency response nor drive VFRA vehicles in emergency response. These individuals do not need to have a physical exam, but if they drive VFRA insured vehicles will need to provide a copy of their driving record.

Level of applicant _____

_____
Chief or Designee Signature

_____
Applicant Name (Print)

_____
Applicant Signature

Hepatitis-B Vaccination Program Information Sheet

What is Hepatitis-B?
Hepatitis-B, also known as Viral Hepatitis, is caused by a virus. The virus is hardy and can survive for long periods of time in the environment outside the body. The disease may or may not be associated with any signs or symptoms. If signs or symptoms develop, one usually sees nausea, vomiting, fatigue, abdominal pain, and jaundice. Some individuals develop only flu-like symptoms; however, some who contract the disease will experience liver failure and death.

Who is most likely to have the disease?
Although the disease is hard to detect except in advanced stages, certain groups of people are more likely to be infected. Those groups are IV drug users, and sexually active individuals with multiple contacts. However, with the sheer numbers of people who are infected, and who will be infected, field providers cannot assume that people outside of these groups do not have the disease.

How is the disease transmitted?
There are several methods of transmission, which are listed below:

By contaminated blood or blood products, by IV drug use, tattooing, ear piercing, acupuncture, hemodialysis and accidental needle sticks in health care providers.
50% of cases are attributed to breaks in the skin or mucous membranes.
Transmission by body fluids; saliva, tears, sweat, vaginal secretions, semen, urine, cerebrospinal fluid.
Oral ingestion is less likely and involves prolonged incubation time.
Chronic carriers are the main reservoir in humans.

How prevalent is Hepatitis-B?

200 million cases world-wide
1 million in the United States are chronic carriers
200,000 will get Hepatitis-B annually
There are 5000 deaths annually
There is no cure for the disease

Who should be vaccinated?

Health care workers with potential blood or needle-stick exposures.
Household members and sexual contacts of Hepatitis-B carriers
Special high-risk groups.

How effective is the vaccine?
90 to 95% of people vaccinated develop immunological protection against the virus. Those who develop antibodies for the virus (90-95% of those vaccinated) have virtually 100% protection from the virus.

Who should not be vaccinated?
The safety of administration to pregnant women has not been fully studied. Although this is not a contradiction, it should be given only if clearly needed, and after consultation with the individual's personal physician. This vaccine is created using egg products and should not be given to anyone with an allergy to eggs.

Are there any side effects associated with the vaccination?
As with any vaccination there is a risk of an adverse reaction, however with vaccines for Hepatitis-B there are no serious short or long term adverse reactions. The most common side effects are localized soreness and itching at the injection site, and occasionally, flu-like symptoms of a low fever, muscle aches and nausea.

Is it required to get re-vaccinated?
It is currently accepted that the vaccine is effective for a period of 7 to 10 years. Following exposure to Hepatitis-B, you may be asked to get a test to evaluate your immune status.
Information obtained from publications of the Center for Disease Control and Prevention.

Hepatitis – B Vaccine Authorization Form

Completion of this form by: _____of
Please Print Full Name

_____ indicates that 1) the member desires to receive
Print Agency Name

the Hepatitis – B series vaccine at the location indicated by the Fauquier County Fire and Rescue Department and 2) that the member is in good standing with the above named agency.

_____
Signature of Authorized Representative (President, Chief)

_____
Member's Signature

1st Vaccine _____ _____
Date Lot #

2nd Vaccine _____ _____
Date Lot #

3rd Vaccine _____ _____
Date Lot #

Note: Members under 18 years of age must have parent or guardian permission.

Parent/Guardian Permission for Minors
To Whom It May Concern:
This is to give permission for _____ to receive the Hepatitis – B vaccine that is being administered by the Fauquier County Fire and Rescue Department. I understand that this is a series of three vaccines to be given over a period of time.

_____ _____
Signature of Parent or Guardian Date

Hepatitis – B Vaccine Waiver Form

To Whom It May Concern:
This it to waive my participation in the FREE Hepatitis – B program that is offered by Fauquier County Fire and Rescue for Rescue Squad or Fire Company personnel in the County.
I understand the risk that I will be taking by not participating in this program and continuing to run Emergency Medical calls and provide patient care.

Name: _____
Please Print Full Name

Signature: _____

Company: _____

Date: _____

Witnessed by: _____
Please Print and Sign Full Name

Date: _____

FAUQUIER FIRE and RESCUE ASSOCIATION

NAMING OF BENEFICIARY

It is important that your beneficiary designation be clear so that there is no question as to your meaning. If you need assistance, contact your Company Representative.

The following are the most common designations:
Mary J. Doe, Wife (NOT Mrs. John Doe)
Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son
Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. doe, Son in equal shares or to the survivor.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts; for example *1/3 to Mary Jones, mother and 2/3 to Edith Jones, wife.

Place state age and relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage, insert the words "Not related" and state address of beneficiary.

The signature MUST be in INK. Do not erase. If corrections are necessary, line out the error and initial the correction.

PLEASE PRINT or TYPE ALL INFORMATION

NOTE
THIS BENEFICIARY DESIGNATION WILL REPLACE
ANY OTHER ON FILE

BENEFICIARY DESIGNATION

NOTE TO MEMBER: Our Volunteers are protected with Group Insurance. It is to your advantage to name a beneficiary. Please show the following information. Return to Secretary immediately. **THIS IS IMPORTANT**

Date: _____

Full Given Name of Beneficiary _____
(Please Print)

Relationship of Beneficiary _____

Member's Signature _____

Member's Date of Birth _____