

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Int. \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Date Application Received: \_\_\_\_\_



# Dale City Volunteer Fire Department

*"second to none"*

Pride and Professionalism

## Membership Application

I Learned about DCVFD from:

- DCVFD Station Number: \_\_\_\_\_
- School (name): \_\_\_\_\_
- Member Referred: \_\_\_\_\_
- R&RWebSite: \_\_\_\_\_
- DCVFD WebSite: \_\_\_\_\_
- Membership Drive: \_\_\_\_\_
- Postcards/Flyers: \_\_\_\_\_
- Station Sign: \_\_\_\_\_
- Radio Ad: \_\_\_\_\_
- Newspaper: \_\_\_\_\_
- Other: \_\_\_\_\_



# Dale City Volunteer Fire Department Membership Application

## Personal Information

Name	SSN#	Home Phone
Address		Cell Phone/Pager
City	State	Zip
Male    Female	E-mail Address	
Gender	Date of Birth	

## Emergency Contact Information

Name/Relationship	Phone	
Address		
City	State	Zip

## Current Employer Information

Company Name	Phone	
Address		
City	State	Zip
Length of Employment		

## Personal References

Name	Relationship		
Address		Phone	
City	State	Zip	Length Known
Name	Relationship		
Address			Phone
City	State	Zip	Length Known

Are you or have you ever been a member of a Volunteer Fire Department? If yes:

Name of Department \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_

Dates of Membership \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of current or previous officer \_\_\_\_\_

If you were a Dale City Volunteer Fire Department, please complete the following:

Membership Dates \_\_\_\_\_

Officer \_\_\_\_\_

Battalion \_\_\_\_\_

Station \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List any previous fire or rescue courses you have taken and attach copies of certificates if available.

Course \_\_\_\_\_

Location Taken \_\_\_\_\_

Are you currently on disability? Is yes, reason: \_\_\_\_\_

Do you have any medical conditions that would hinder you from performing your duties as a firefighter or ems technician for the Dale City Volunteer Fire Department? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## General Statement of Responsibilities

Please read the following carefully:

- 1.) Membership shall be required to adhere to the Dale City Volunteer Fire Department (DCVFD) Corporate Bylaws, Chief's Running Rules and the Standard Operating Procedures.
- 2.) Members shall agree to comply with the Prince William County's Anti-Substance Abuse Program (No. 4.0.1 dated March 18, 1988) and submit to a drug test.
- 3.) Members shall be assigned to a station and battalion at the option of the Department Chief, consistent with the needs of the DCVFD. When assigned, you shall assist in covering responses between the hours of:

Weekdays: 6pm to 6am

Weekends: 9am Sat to 6am Mon

Holidays: 9am to 6am

Duty crews rotate assignments on a daily basis. The battalion rotation for all five battalions is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	1	2	3	4	5	1	1
Week 2	2	3	4	5	1	2	2
Week 3	3	4	5	1	2	3	3
Week 4	4	5	1	2	3	4	4
Week 5	5	1	2	3	4	5	5

- 4.) Members must stay overnight at the fire station and be available for all fire department duties.  
**NOTE:** Cadets are to leave the station at 10pm on school nights.
- 5.) If a member cannot be present for his/her own duty, then the member shall be required to find a replacement to fill in.
- 6.) Members shall be required to provide support to any DCVFD function deemed necessary by the Board of Directors or Senior Staff. The Board of Directors and/or Senior Staff may deem certain functions of the DCVFD to be necessary to ensure the successful operation of the DCVFD. (i.e. work details)
- 7.) Members shall attend the General Membership Meeting held the second Wednesday of each month.  
**NOTE:** If 3 unexcused meetings are missed, you will be suspended from the DCVFD.
- 8.) Failure to adhere to these requirements can result in suspension or expulsion from the DCVFD.

**CERTIFICATION:** I \_\_\_\_\_, an applicant for membership in the DCVFD, have provided the information contained in this application and believe all statements are correct and truthful to the best of my knowledge. Further, I have read and understand the General Statement of Responsibilities. I understand that if this application is incomplete, it will not be processed. Moreover, I understand that any materials misrepresentations discovered after my acceptance will be considered grounds for immediate termination of my membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Cadet Program 16-18 years of age

**To be completed by the parent(s) or guardian of an applicant that is 16-18 years of age.**

Any applicant under the age of 18 years or 18 years and still attending high school, must have the consent of their parent(s) or legal guardian to become a member and participate in the activities of the Dale City Volunteer Fire Department.

I \_\_\_\_\_, as parent or legal guardian, do hereby give my consent for  
(Parent/Guardian)  
\_\_\_\_\_ to become an active member of the Dale City Volunteer  
(Applicant)  
Fire Department and to participate in department activities.

Name of School \_\_\_\_\_

Current Grade \_\_\_\_\_

GPA \_\_\_\_\_

- Cadets must submit a full class schedule, and a copy of the last report card or interims received.
- Cadets must maintain at a "C" or above average to volunteer at DCVFD.

Emergency Contact if parent(s) or guardian can not be reached:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address Relationship

\_\_\_\_\_  
City State Zip

To: The Guidance Department

\_\_\_\_\_ has applied to become a Cadet Member of the Dale City Volunteer Fire Department. It is requested that your department verify that he/she is of good academic standing and of uniform behavior. A written response is requested as soon as possible.

Sincerely, \_\_\_\_\_  
(DCVFD Cadet Coordinator)

I, \_\_\_\_\_, the parent of \_\_\_\_\_  
Parent/Guardian's Name Name of Applicant  
give the Guidance Department of \_\_\_\_\_ permission to  
Name of School  
release the requested information to the Dale City Volunteer Fire Department.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Authorization to obtain Criminal History Record

I, \_\_\_\_\_ grant the Dale City Volunteer Fire Department  
permission to review my Criminal History Record as it pertains to my membership  
application.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)



Department of Motor Vehicles  
P.O. Box 27412  
Richmond, Va 23269-0001

## INFORMATION REQUEST

CRD-93 (09/01)

CCC USE ONLY

Fee
Address

Please type or print clearly. Check one or more boxes to show the type(s) of information desired and provide all requested data.

### REQUESTOR INFORMATION

Name: Last <b>DALE CITY</b>	First <b>VFD</b>	Middle	Organizational Affiliation (if any)
Street Address <b>3171 Prince William Parkway</b>			Telephone Number <b>(703-590-3198)</b>
City <b>Dale City</b>	State <b>VA</b>	Zip Code <b>22193</b>	Federal Tax ID or Social Security Number* <b>54-6072759</b>
Use Agreement Number (if applicable) <b>6852</b>	Access Code (if applicable)		
Reason for Request (Please be specific) <b>Request DRIVER TRANSCRIPT Membership/Insurance matters</b>			
<i>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.</i>			
Requestor's Signature			Date

**SUBJECT'S PERSONAL INFORMATION** (includes name and address)

Subject's Name Last	First	Middle
Address	City	State Zip Code

**SUBJECT'S DRIVING INFORMATION** (includes license history and conviction data)

Driver's License Numb	OR	Date of Birth
Driver's Authorization (required for employers and others not authorized by Virginia code): <i>I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requestor identified above.</i>		
Driver's Signature		Date





## Check List for Applicant Interview

- \_\_\_\_\_ Fill out application and sign.
- \_\_\_\_\_ If applying for Cadet Membership, have your parent(s) or guardian fill out the Cadet Program form and bring that form along with the signed letter from your high school Guidance Department to the interview.
- \_\_\_\_\_ Sign authorization for DMV Information Request
- \_\_\_\_\_ Sign authorization for review of Criminal History Background Check

### ***Be Advised:***

***Refusal to submit any of the required items shall cause this application to be invalid. Invalid applications shall not be accepted nor processed.***

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**The process from applying for membership, to being assigned to a crew. You will be guided along this path.**

### **Application Process**

Fill out Application  
Interview  
Criminal Background Check  
Drug Test  
Physical  
Recruit Training Process  
Battalion Assignment

**Membership Committee Use Only**

This applicant has been interviewed and advised of their duties, obligations and the purpose of the Dale City Volunteer Fire Department.

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

This application for Probationary/Cadet membership has been:

\_\_\_\_ Approved

\_\_\_\_ Disapproved

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_

**Checklist for Membership Committee Use Only**

\_\_\_\_ Authorization for obtaining DMV records check signed

\_\_\_\_ Authorization for Criminal History Background signed

\_\_\_\_ Application signed and completed in full

\_\_\_\_ Drug Test, Physical/Blood results received from Dalewood Medical Clinic