



City of Poquoson Fire and Rescue

830 Poquoson Ave.
Poquoson, VA 23662
757-868-3510

This package contains all the necessary material to apply for membership as a volunteer in the City of Poquoson Fire Company, Rescue Squad and/ or Ladies Auxiliary. This package contains the following material:

1. - Application Overview Document
2. - Application for Membership
3. – Application Signature Form (pages 5 of 9)
4. – Parent/Guardian Permission Form (pages 7 of 9)
5. – Poquoson Membership Committee Form
(To be completed by Membership Committee only.)

A. GENERAL APPLICATION INSTRUCTIONS

Membership application instructions

- a. Section I- To be completed by all
- b. Section II- Fire/ Rescue Membership Only
- c. Section III- Fire/ Rescue Membership Only
- d. Section IV- Fire/ Rescue Membership Only
- e. Section V- To be completed by all
- f. Additional Comments- Use for any additional notes, any section
- g. Application Signature Form- To be completed by all
- h. Parent/ Guardian Consent Form- For those members ages 16-18

Please ensure that all the information you provide on this application is complete and easy to read. Illegible, inaccurate, or incomplete information may delay this application.

B. POQUOSON FIRE DISTRICT

Introduction

The Poquoson Volunteer Fire/ Rescue Squad provide fire protection and medical services to the citizens of the City of Poquoson. The city contains a wide variety of residences, commercial and recreational facilities.

The Poquoson Volunteer Fire/ Rescue Squads provide service to the area with both career and volunteer personnel. Volunteer membership in the City of Poquoson is open to anyone over the age of 16 living or working within the boundaries of the City of Poquoson. The Volunteer Fire/ Rescue Companies have established a special program for individuals living outside the boundaries of the city.

All applicants age 18 or older must possess a valid driver's license. In order to respond to emergency calls, attend training classes and continuing education, it is strongly recommended that all applicants have a car or almost unlimited access to a car.

Applicants who are age 16- or 17-years old MUST secure permission of their parent or legal guardian and may only participate in non-hazardous duties.

Each of these volunteer organizations (Fire, Rescue and Ladies Auxiliary) are independent organizations, having their own bylaws, rules and regulations which govern membership and participation. Applicants may be requested to pay the first year dues at

the time of application. Each company (Fire, Rescue and/or Ladies Auxiliary) may also require an applicant to complete an interview conducted by the membership committee and be accepted by vote of the company membership.

Requirements Prior To Gaining Membership (Fire/ Rescue Only)

- a. Background Check
- b. Drug Screen
- c. Polygraph Testing

Probationary Period

During the first six months of your membership, you will be considered a “probationary member”. You will be held to the same standards of membership that all other members are held, but you will be submitted for vote at the end of your six-month probation period for full acceptance, continued probation, or termination from membership by the company based upon your activities and participation in the company.

District Orientation Program

Four sessions or their equivalent are required to orient new personnel to the city and its operations. This program is usually scheduled during the months of April and October. The classes meet at Poquoson Station 1. This program includes the mandated OSHA training in: Bloodborne Pathogen Exposure and Control, HIPPA required training, CPR, and Poquoson Fire/ Rescue orientation. Additional sessions for individuals with conflicts may be scheduled if needed. (Ladies Auxiliary requires only HIPPA and CPR if they are tasked to respond to the scene of an incident. They do not require Bloodborne Pathogens)

Physical Exam

The physical exam will be conducted by the physician appointed by the City of Poquoson. The exam is provided at no cost to you. You must complete the exam PRIOR to entering FF1/ FF2 training.

a. Medical History Question

You will be asked to complete a medical history questionnaire to determine past and current medical conditions, treatments, medications, allergies and inoculations.

b. Medical Exam

All applicants will complete a thorough physical exam by a physician. The physician will evaluate: height, weight, vision, hearing, respiratory, cardiac function, and general physical condition. All applicants are required to complete a mandatory screening for drug use as part of this exam.

c. Capacity to Work Evaluation

In this phase of the physical exam, you are evaluated for your physical ability to do the work required.

d. Additional Requirements

It is your responsibility to become familiar with all rules, regulations, and training requirements of the volunteer organization(s) you are assigned. Officers can provide you with specific information and guidance. Each member will be provided a copy of their respective bylaws to read and become familiar with.

Each of the organizations may have specific minimum requirements for participation in emergency calls, training, apparatus checkout, company meetings, work details, parades, committees, and other company functions. It will be your responsibility to ensure you remain in good standing with the organization(s) you have membership with.



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Application for Membership

Fire Rescue Ladies Auxiliary

I. PERSONAL DATA

1. Your full name: _____

Social Security Number _____ - _____ - _____ (required for background check only)

List other names (aliases, maiden name) you have gone by:

2. Present address:

State _____ Zip code _____

How long have you lived at this address?

List previous addresses:

Street	City
--------	------

State	Zip code
-------	----------

Street	City
--------	------

State _____ Zip code _____

Street	City
--------	------

State _____ Zip code _____

3. Telephone Numbers: Home: () - _____
Cell: () - _____
Work: () - Ext: _____

4. Date of Birth: _____/_____/_____

5. Place of Birth: (City/State) _____

6. Sex: _____

7. Race/ Ethnicity: (required for background check only)

Are you Hispanic/ Latino? -Yes - No

Please specify your race: - American Indian or Alaska Native

- Asian

Asian

- Black

- Native Hawaiian or Other

- White

Note: If under the age of 18, Parent/Guardian Permission Form must be signed and accompany this application.

8. Beneficiary name: _____ Relationship: _____

9. Beneficiary address: _____

II. CONVICTIONS AND JUDICIAL PROCEEDINGS

1. Have you ever been convicted of any violation of the law, other than traffic or parking offenses?

- No - Yes

2. Have you been convicted of any traffic violations within the past three years?

- No - Yes

**If you answered yes to either of the above, please provide details on page 4, ADDITIONAL COMMENTS.*

3. Complete the information below for any driver's license issued to you:

License Number

State

Type/Class

Expiration Date

III. Employment Experience

1. Civilian

- a. List all employers for whom you have worked starting with your most recent: (Last 3)

From/ To	Employer
----------	----------

Address	(____) _____ - _____ Phone Number
---------	--------------------------------------

From/ To	Employer
----------	----------

Address	(____) _____ - _____ Phone Number
---------	--------------------------------------

From/ To	Employer
----------	----------

Address	(____) _____ - _____ Phone Number
---------	--------------------------------------

- b. Have you ever applied for membership with any fire department, other than this application?

- No - Yes (If yes, please include details.)

Date	Location	Position(s) Held
____/____/____	_____	_____
____/____/____	_____	_____

2. Military Service

Are you now serving or have you ever served in the Armed Forces of the United States?

- No - Yes (If yes, please include details)

From/ To	Branch	Type of Discharge
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IV. EDUCATIONAL QUALIFICATIONS

1. Are you a high school graduate? - No - Yes (Leave blank for apprentice)

2. Do you possess a high school equivalency or a G.E.D Diploma? - No Yes (Leave blank for apprentice)
3. College/ Trade School (List degrees or certificates):

V. GENERAL INFORMATION

1. List below three (3) persons who can attest to your character, integrity, and your fitness for the position. (DO NOT INCLUDE PRESENT OR PAST EMPLOYERS OR RELATIVES)

Name	Address	Phone #

2. Who or what prompted you to apply for membership?

3. In your own words, why do you want to join?

4. Have you ever been a member of, or supported financially or otherwise, any organization which advocates, advises or supports the overthrow of the government of the United States or any other political entity or subdivision by the use of violence, force, or any other unlawful means? No Yes (If yes, please include details)

5. Is there anything at this time that you would like to state about your character or background that you feel the Membership board should be aware of in considering your application, please include it in the space provided below or on a separate sheet of paper:

6. Please list any qualifications/ certifications you have related to Fire/ EMS duties (FF1/2, CPR, EMT):

ADDITIONAL COMMENTS

THIS APPLICATION CANNOT BE ACCEPTED OR CONSIDERED UNLESS

1. The appropriate application fee(s) (\$10.00 Fire & Rescue Co./ \$1.00 Ladies Auxiliary) accompanies this application. Fee will be accepted as first year's dues, upon acceptance into the company. Fee will be returned if application is not accepted.
 2. The attached Parent/ Guardian Permission Form has been completed and signed, as required due to the age of the applicant.
 3. The applicant has completed all relevant sections of this application and has signed and dated where required.
-

I affirm that the statements made by me on this application are true and accurate.

I understand that any statements made by me, and later found to be false or inaccurate, may be grounds for my removal from the organization(s) to which I have applied.

I understand that if this application for membership should be accepted, that failure to meet the responsibilities and duties could place my membership at risk.

I also give the Membership Board permission to investigate my character and background including, but not limited to a polygraph test, entry and recurring drug screenings.

Applicant Signature

Date

CITY OF POQUOSON, POQUOSON VOLUNTEER FIRE COMPANY AND POQUOSON VOLUNTEER RESCUE SQUAD AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any doctor, physician, psychologist, psychiatrist, dentist, hospital, nursing home, medical association, health clinic, attorneys at law.

U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service, any academic dean, registrar, principal, guidance counselor or authorized person at any:

School, college, university, business school, trade school, high school, elementary school (public or private) or any institution involved in education, any state, local, Federal Law Enforcement Agency, any judge, court, or magistrate. Any state, local, city or county agency, any past or present employer, bank, credit union, credit bureau, Retail Merchants Association or Lending Institution, any person(s) having knowledge regarding my character or reputation.

Applicant's Name: _____ DOB: ____/____/____

SSN: _____ / _____ / _____ Applicant's Address: _____

Phone Number: _____

This acknowledges I have applied for employment/membership with the Poquoson Fire/Rescue Department. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and direct the release of any and all requested information you may have concerning me (Including transcripts of records and copies of documents) to the City of Poquoson Fire Chief and/or Deputy Fire Chief upon presentation of this release form. I understand that any such information is considered confidential by the Poquoson Fire/Rescue Department and will not be released to me.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information. I also authorize the release of any and all information regardless of any agreement expressed, verbal or in writing, I may have made with you previously to the contrary.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain original writing of my signature.

Applicant's Signature (Sign Before Notary Only)

____/____/_____

State of Virginia, City of Poquoson

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

My commission expires on the _____ day of _____, 20____.

Notary Public

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PARENT/ GUARDIAN PERMISSION FORM

Date: ____/____/_____

TO: Poquoson Volunteer Fire & Rescue Company

From: _____
Please Print Full Name

I, (Full Name) _____, give my son/daughter permission to apply for membership

In the Poquoson Fire/Rescue Company apprentice program. If he/she is accepted for membership in the company, I understand the requirements and obligations he/ she will assume.

(Signature of Parent or Guardian)

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MEMBERSHIP COMMITTEE COMMENTS ONLY

Membership Committee Comments

PAPERWORK INCLUDED: (Any training certificates, ETC.)

Membership Fee Included: Yes No

Membership Committee Vote (Two required, one must be elected officer)

I accept this member's application and submit to the company for vote: No Yes

Membership Committee Member Signature

Date

I accept this member's application and submit to the company for vote: No Yes

Company Officer Signature

Date

Initial Company Vote

This member's application has been voted upon by the company: Decline Accept

Company President's Signature

Date

Final Company Vote (To take place at 6 months point)

This member's application has been voted upon by the company:

Continued Probation (Minimum 6 months) Terminate Accept

Company President's Signature

Date