

**Coles District Volunteer Fire Department and Rescue Squad**

13712 Dumfries Road, Manassas, Virginia 20112

[www.cdvsfd.org](http://www.cdvsfd.org)

Phone (703) 791-3400 Fax (703) 791-6805

Welcome Membership Applicant:

We would like to take this opportunity to welcome you to our Department. This packet includes everything you will need to apply to Coles District Volunteer Fire Department and Rescue Squad. The following is an explanation of the complete application process.

1. First step is to completely fill out the enclosed application. Please be sure to complete all the sections.
2. Included in this packet is the Virginia State order for the criminal history records. Please complete SECTION III: PRINT CLEARLY NAME TO BE SEARCHED only on both copies. **These forms are to be returned to the station with the application. DO NOT MAIL THE REQUEST OR ANY MONEY TO THE VIRGINIA STATE POLICE!!** The state will not process your request and this will cause the application to be delay.
3. The third step is to obtain your Virginia Department of Motor Vehicle record. If you have been a resident of Virginia for less than six months, please attempt to obtain your driving record from the state of your previous residence. Because this may take some time or may not be possible, please do not let this delay your application process. Attach a letter to your application stating the status of your driving record. (i.e. awaiting a reply from the state of ..... or unable to obtain DMV record because of .....)
4. If you are applying for Junior membership status; there is a letter attached for you to take to the Guidance Department of your high school. You and your parents must sign it before taking it to school.
5. A copy of the latest report card is required to be turned in with your application.
6. When all of the above is completed, return the completed application, your DMV record or letter, and the criminal history request form to Coles District Volunteer Fire Department and Rescue Squad. Please keep these instructions for future reference.

Upon receipt of the above information and completed application form a member of the Membership Committee will contact you for an interview.

Following will explain the entire application process to you once we receive your completed application, the DMV record and the criminal history request.

- Application is reviewed and applicant is contacted for an interview. **THIS PROCESS MAY TAKE UP TO THREE WEEKS.** If you have not been contacted within three weeks, please contact the station at the above number and speak to the President of the Membership Committee Chairperson to determine the status of you're application process.

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- If membership is granted, you will begin a probationary period of six (6) months. During this time you will be assigned to a weekly duty crew and you will begin to receive the necessary pre-requisites training for either Emergency Medical Services, Fire Suppression activities or both.
  - After six months, your application will be brought back before the general membership for the final approval by the membership of Coles District Volunteer Fire Department and Rescue Squad. At this time your Duty Crew Officer will speak on your status as a probationary member and make recommendation to the membership. (1) To grant full membership status, (2) extend the probation period for up to additional 6 months or less, or (3) terminate the membership at this time.

If at any time you have any questions regarding the application process or about the status of your application please feel free to contact the President or the Membership Committee Chairperson at (703) 791-3400 or (703) 791-5400.

We hope that your experience with Coles District Volunteer Fire Department and Rescue Squad is a pleasant one and that you will encourage friends and relatives to join our family.

Thank you for your cooperation and patience throughout the membership process.

Sincerely

President of CDVFD & RS  
And  
Membership Committee

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## **REQUIREMENTS FOR MEMBERSHIP**

### **Coles District Volunteer Fire Department and Rescue Squad**

#### **Requirements for Membership:**

1. Applicant must be sixteen (16) years of age and no older than seventeen (17) years and eleven (11) months to apply for Junior Member.
2. Applicant must be eighteen (18) years of age or older to apply for regular membership.
3. Applicant must reside in the state of Virginia.
4. Applicant must be present at the monthly company meeting when his/hers application is read and voted upon.
5. Application must be filled out in full, and returned to Coles District Volunteer Fire Department and Rescue Squad.

#### **Requirements of Members:**

1. Each member must complete the pre-requirement classes, (Hazardous Materials Awareness, Infection Control, Cardio Pulmonary Resuscitation, Critical Incident Stress Management), prior taking any other classes.
2. Each member within one year must complete Basic Firefighter or Basic EMT curriculum and be certified as such.
3. Each member is encouraged to continue their fire or EMS education, however advanced classes are not required at this time.
4. Members are responsible for maintaining required certifications, and complying with all training requirements of the Department.
5. Members are expected to attend all monthly membership meetings.
6. Members are expected to meet minimum requirements for continued membership and voting privileges, this includes making a predetermined number of hours at the station.
7. Members are expected to be kind, courteous, honest and positive representatives of the Department at all times

*Application for Membership*  
**Coles District Volunteer Fire Department and Rescue Squad**  
**Prince Williams County, Virginia**

Last name	First	Middle	Sex M      F	Date of Application
Street address			Work telephone	Social Security Number
City	State	ZIP	Home telephone	Pager Number
E-mail Address			Date of Birth	Cellular number

How were you referred to CDVFD (check one only)

<b>A</b> Volunteer referral svc.	<b>B</b> Advertisement	<b>C</b> Other agency	<b>D</b> By a Member	<i>(If so, give a name)</i>	<b>E</b> Open House	<b>F</b> Walk-in	<b>G</b> Other
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**Please read carefully and complete by printing in ink or typing.**

***An Equal Opportunity Agency***

We are an equal opportunity department, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

***Employment Record***

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs.

Present Employer	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State      ZIP code	
Supervisor's name	Phone number	
	Dates worked From      To	
<hr/>		
Last or present company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State      ZIP code	
Supervisor's name	Phone number	
	Dates worked From      To	
Reason for leaving		

**Educational History**

School Name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/trade (after high school)							
College (list all attended)							
Other educational/training							

**Outside Activities**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional membership, certificates, or licenses held

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Past and present civic or cultural activities --- include offices held

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Principal hobbies

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**Special Skills**

Virginia Firefighters Certification	Type
Virginia EMS Certification	Type
Drivers License #      State      Expiration      Type	

**Military Record**

Branch of service	From	To
Present military affiliation		
None	Reserve (active)	Reserve (inactive)      National Guard

Kinds of training and duty while in service

**Personal References**

List three persons who are not listed previously as employers, one may be a relative.

Name	Relationship	Address (street, city, state, ZIP code)	Phone # (include area code)	Occupation

Have you ever been convicted of a Felony or Misdemeanor in Virginia or any State? (please circle one)

(YES)                      (NO)                      If yes, please attach details of incident including State of conviction.

Please describe the hours that you would be available (in general) to be at station to respond to emergency runs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly state your reasons for becoming a volunteer with this department:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous fire, EMS, or public safety related experiences (include reference information: contact name, phone number):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle the areas that you are interested in:

(Firefighter)      (EMS)                      (Both: Firefighter/EMS)                      (Associate)                      (35 hour member)  
(Jr. Member)      (Administrative)

**Emergency Contact Information**

Names of two people who should be contacted in case of emergency:

Name	Relationship	Area Code and Phone Number
Name	Relationship	Area Code and Phone Number

**General Health and Medical History:**

1. List any known allergies: food, drugs, plants, or other. Explain reaction and indicate medication used.

2. Describe any operation, serious injury, or chronic illness:

3. Do you now have, or you are subject to any of the following? (check if yes)

- convulsions       stomach upsets       high blood pressure       frequent headaches       asthma / respiration problems  
 heart problems       fainting       restlessness       sleepwalking       other:

If you checked anything listed above, please describe:

4. If you are now taking medication, identify the medication, reason for use, and any physical or mental effects.

5. Any specific information which may affect participation and / or for which special consideration should be given?

**Immunization Verification Form:**

	Month	Year
<b>MEASLES (RUBEOLA) –</b> Born before 1957 and therefore considered immune. ___Dose 1 - include month, and year ___Dose 2 - include month, and year ___Has report of positive immune titer. Specify date of titer ___Had disease: confirmed by office record	_____	_____
<b>MUMPS –</b> <b>If given instead of MMR.</b> ___Born before 1957 and therefore considered immune ___Had disease: confirmed by office record ___Immunized with vaccine at 12 months of age or later ___Has report of positive immune titer. Specify date of titer	_____	_____
<b>RUBELLA –</b> <b>If given instead of MMR.</b> A clinical diagnosis of rubella is not acceptable proof of immunity. ___Immunized with vaccine at 12 months of age or later ___Has report of positive immune titer. Specify date of titer	_____	_____
<b>TETANUS-DIPHtherIA</b> ___Completed primary series of tetanus-diphtheria immunizations ___Date of most recent tetanus-diphtheria booster	_____	_____

	Month	Year
<b>TUBERCULOSIS</b> __ PPD test/Mantoux __ Test results: Positive: •    Negative: •		
<b>POLIO</b> __ Completed primary series of polio immunization Type of vaccine __ Oral __ Inactivated __ E-IPV Last booster		
<b>HEPATITIS B</b> __ Dose 1 - include month, and year __ Dose 2 - include month, and year __ Dose 3 - include month, and year __ Has report of positive immune titer. Specify date of titer		
<b>MENINGOCOCCAL</b> __ Dose - include month, and year		
<b>HAVE YOU RECEIVED A TUBERCULOSIS SCREENING WITHIN THE LAST 12 MONTHS</b> PPD (Mantoux) <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm induration _____ If positive, a chest X-ray is required: Chest X-ray <input type="checkbox"/> Positive <input type="checkbox"/> Negative If positive, was INH given for at least 6 months <input type="checkbox"/> yes <input type="checkbox"/> no		

**ACCEPTANCE OF APPLICATION**

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of the facts on my part will be justification for rejection or termination. I have read and understand the requirements of membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent Form**

Any applicant under the age of 18 must have the consent of a parent (s) or legal guardian to become a member of the Coles District Volunteer Fire Department and Rescue Squad and participate in the fire department activities.

I, \_\_\_\_\_ by signature of this document do hereby give consent for my (son or daughter) \_\_\_\_\_ to become an active member of the Coles District Volunteer Fire Department and Rescue Squad and to participate in fire department activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

*To Whom It May Concern:*

*I hereby authorize the President / Chief of the department, or any other authorized official of the **COLES DISTRICT VOLUNTEER FIRE DEPARTMENT AND RESCUE SQUAD**, bearing this release, permission to conduct a personal background check which I know will include any information held, in my personal and training files from other departments if applicable. I further authorize **COLES DISTRICT VOLUNTEER FIRE DEPARTMENT AND RESCUE SQUAD**, to conduct a criminal background check as well as a driver's license check.*

*This release is granted with full knowledge and understanding that information is for official use of the **COLES DISTRICT VOLUNTEER FIRE DEPARTMENT AND RESCUE SQUAD**, and furthermore, that it may be used to terminate this application. None of the information obtained will be released to any other individual or agency without consent of the applicant.*

*I hereby release you, as custodian of such records, from any liability or damage of whatever kind resulting at any time because of compliance with this authorization.*

**PRINT FULL NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_