



New Virginia Fire Department Volunteer Membership Application

Name (First, Middle Initial, Last):			
Home Address:			
Home Phone: _____ Cell Phone: _____		Birth Date:	
Driver's License Number:		Social Security Number:	
Marital Status:		Spouses Name:	
Present Employer:			
Employer Address:			
Occupation:		Immediate Supervisor:	
Work Phone:		Typical Work Shift:	
Does your job require frequent travel out of the area?		Yes	No
If you work in the New Virginia area, will be able to respond during work?		Yes	No
Will your work shift hinder you from attending evening training sessions?		Yes	No
Education (Circle highest grade completed) 8 9 10 11 12 Some College College Degree			
High School Attended:			
College/Technical School Attended:			
College Degree/Major:			
Current Medical Condition: Excellent Good Fair Poor			
List any medical conditions which may lead to an emergency situation (examples: high blood pressure, diabetes, allergies, etc.)			
Personal Physician:		Hospital:	
Emergency Contact:		Relationship:	
Emergency Contact Home Phone:		Emergency Contact Work Phone:	

Have you ever been a member of a fire department, rescue squad or similar organization?		
Name of Organization:		
Date of Service:	Position Held:	
List any emergency response related training you have completed:		
List any current New Virginia Fire Department personnel who you are related to or acquainted with:		
References (List three references who are familiar with your education or work experience)		
Name	Address	
Have you ever been arrested, summoned into court as a defendant or indicted, convicted, fined, imprisoned, or place on probation, or has any case been filed against you? If yes, explain		
List any comments and/or information which you feel is pertinent to your application process:		
I HAVE READ ALL INFORMATION PROVIDED WITH THE APPLICATION PACKAGE AND UNDERSTAND THE REQUIREMENTS. I AGREE THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.		
Applicant Signature	Date:	
Date Application Received:	Date of Interview:	
1 st Reading Date	2 nd Reading /Acceptance Date	Acceptance Letter Sent:

New Virginia Fire Department

506 West Street

New Virginia, IA 50210

Business Phone: 641-449-3737

Background Check Authorization

I authorize the New Virginia Fire Department, any consumer reporting agency or other outside service company engaged by said district for this purpose, now and subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I further authorize the New Virginia Fire Department to obtain information from the Iowa State Police, the Federal Bureau of Investigation, the Iowa Secretary of State, or any other federal, state or local police or other agency regarding me in order to perform a criminal history/arrest record/driving record and background check.

I understand that if I am permitted to commence participation as a volunteer firefighter/medic for the New Virginia Fire Department prior to receipt of the foregoing information, my membership is completely conditional and may be revoked in the event of any adverse information is obtained.

A copy of this authorization shall be sufficient for any party to release forgoing information about me to the New Virginia Fire Department.

Upon written request, I understand that said department will provide me with information regarding the scope of the investigation if one is made. I understand that reasonable efforts will be made by the New Virginia Fire Department to maintain any information which is obtained by means of this Authorization on a confidential basis with disclosure to be made only as needed to evaluate my qualifications for volunteer firefighter/medic membership in the New Virginia Fire Department, however, I agree that I will release and hold the New Virginia Fire Department, its officers, employees, and department members harmless with respect to any use, release, or dissemination of any information gathered by pursuant to this Authorization.

Signature: _____ Witness: _____

Applicant

Applicant Printed Name

Date: _____

Address