

**Please detach and return only this portion**

**ASHBURN VOLUNTEER  
FIRE & RESCUE DEPARTMENT**

20688 Ashburn Road, Ashburn, Virginia 20147

To whom it may concern:

Attached is my application for membership with the Ashburn Volunteer Fire and Rescue Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration.

I certify that I have carefully completed this application, and that I have given all information herein without omission of falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the Ashburn Volunteer Fire and Rescue Department.

I also certify that I am a citizen or legal resident of the United States; a resident of the Commonwealth of Virginia; hold a current Virginia driver's license; have a social security number; and have a High School diploma or GED equivalent; and am fluent in English. Junior members should be attending High School. Applicants with out-of-state licenses must submit, at their expense, a copy of their driving record for the last 5 years. Non-US citizens/legal residents must provide a copy of their green card and visa.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Ashburn Volunteer Fire and Rescue Department. I also consent to the interview of any references provided herein, and to any background investigation. I understand that I am subject to an agility test, a physical examination, and a drug screening.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the Ashburn Volunteer Fire and Rescue Department without recourse.

---

Applicant's Signature

---

Date of Application

# ASHBURN VOLUNTEER FIRE & RESCUE DEPARTMENT

20688 Ashburn Road, Ashburn, Virginia 20147

## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_ Male \_\_\_ Female \_\_\_  
 Maiden/Prior Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_  
 Home Address (Street, Apt. No.) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Birthplace(City/State): \_\_\_\_\_ Citizenship \_\_\_\_\_

### EMPLOYMENT HISTORY (last three years)

Current Employer Name: \_\_\_\_\_ Usual Working Hours: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Employer Address (Street): \_\_\_\_\_  
 Employer Address (City/State/Zip): \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Previous Employer Name: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Please explain any gaps in you employment history: \_\_\_\_\_

Have you ever been discharged, asked to resign from a job, or resigned to avoid discharge? Yes: \_\_\_ No: \_\_\_  
 If yes, please explain: \_\_\_\_\_

**MILITARY \*Attach a copy of Copy#4 of your DD-214**

Previous/Current Military Experience: \_\_\_\_\_ Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Last Rank: \_\_\_\_\_ Type of Discharge\*: \_\_\_\_\_ Date: \_\_\_\_\_

Were you ever found guilty of a court martial offense while in the military: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain in detail: \_\_\_\_\_

**EDUCATION \* Junior applicants (16 and 17) attach copy of latest grades**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Highest Grade Level: \_\_\_\_\_

College/Vocational School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Post Graduate Education: \_\_\_\_\_

**PREVIOUS FIRE/EMS EXPERIENCE**

Are you presently or have you ever been a member of any fire, rescue, EMS, or emergency services agency?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what agency(s)? \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by any organization or emergency services agency? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain in detail: \_\_\_\_\_

What is your area of interest \_\_\_\_\_ Fire? \_\_\_\_\_ EMS? \_\_\_\_\_ Administrative? \_\_\_\_\_ Explorer Post Advisor?

**QUALIFICATIONS/SKILLS & TRAINING**

Please list any fire, rescue, EMS, and/or emergency management training, experience, and certifications you currently hold. Include expiration dates and certifying state, department or agency. Please attach copies of your certifications to this application.

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

**\*REQUIRED\* - In the space provided, explain why you would like to become a member of this department.**

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

**MEDICAL HISTORY**

Do you have any medical conditions or physical limitations that should be considered: Yes: \_\_\_\_ No: \_\_\_\_

Are you currently receiving any special medical treatment or medications? Yes: \_\_\_\_ No: \_\_\_\_

If yes to either question, please explain: \_\_\_\_\_

**CRIMINAL HISTORY**

**Note: All applicants must complete a Background Check performed by the Ashburn Volunteer Fire and Rescue Department.**

Have you ever been convicted of or charged with a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List all prior Criminal/Traffic convictions (i.e. drunk driving, reckless driving). List Charges, Place and Date:

\_\_\_\_\_

**DRIVING RECORD – out-of state license holders, please provide copy of your state’s driving record**

Do you have a valid driver’s license? Yes: \_\_\_\_ No: \_\_\_\_\_.

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please attach a copy of your driver’s license to this application.**

**STATEMENT**

Please use this space to provide any additional information relevant to your background or application.

\_\_\_\_\_

**REFERENCES**

List three (3) references (Adult) whom you have known you for at least two (2) years. Do not include relatives/spouses: (In addition, Junior members are also required to submit **three separate letters** of reference.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CERTIFICATION & AGREEMENT**

**This statement must be signed. Please read the following statement carefully before signing.**

I hereby certify that the facts set forth in the above Application for Membership are true and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If a background investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected, and I could be disqualified from ever providing volunteer service with the Ashburn Volunteer Fire and Rescue Department.

I hereby certify that I have never been: (1) convicted of any felony; (2) convicted of any crime involving sexual misconduct or morals and decency; (3) convicted of any crime involving sexual or physical abuse of children, the elderly or the infirm; (4) convicted of any crime involving abuse, neglect, or financial exploitation, (5) or convicted of any crime involving initiating a false alarm, making a bomb threat, threats to burn, or arson.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**If applicant is under 18:**

**The responsibilities of a Fire and Rescue Department member involves many hazardous duties, including, but not limited to the following:**

- **Driving and riding on several types of emergency response vehicles**
- **The lifting and movement of heavy objects**
- **Fire extinguishment and rescue in an environment that could be toxic or potentially hazardous**

**I/We, the parents/guardians of \_\_\_\_\_ have been duly informed of the duties our son/daughter will be required to participate in if he/she becomes a member of the Ashburn Volunteer Fire & Rescue Department, Inc., and we give our son/daughter permission to participate as a full member.**

**Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Guardian (print) \_\_\_\_\_**

**Parent/Guardian address \_\_\_\_\_**

**Once again, please include a copy of the most recent report card.**

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

**BACKGROUND CHECK AND DRIVING RECORD CHECK**

**For the purposes of this membership application and, if accepted as a member, periodic recertification while a member of the Ashburn Volunteer Fire and Rescue Department, I expressly authorize the Ashburn Volunteer Fire and Rescue Department, the Loudoun County Fire and Rescue Department and/or any employee, agent or representative thereof to conduct a background investigation, including but not limited to: an investigation of my personal history, criminal history, driving record, and/or employment history. I expressly consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited. This authorization will be valid for the entire length of my membership with the Ashburn Volunteer Fire and Rescue Department.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Applicant's Name: \_\_\_\_\_ Prior Name/Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date \_\_\_\_\_ Location \_\_\_\_\_

Home Address: \_\_\_\_\_