



# White Oak Volunteer Rescue Squad

535 White Oak Road  
Falmouth, Virginia 22405  
540.372.9664



## VOLUNTEER SERVICE APPLICATION

Dear Applicant: You must complete all sections of this application. Please print or type the required information using black or blue ink. This application should not be construed as a contract. Membership with White Oak Volunteer Rescue Squad is "at-will" and may be terminated at any time with or without notice and with or without cause.

### Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_ Are you a US citizen?  Yes  No  
 E-Mail Address: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
 Work Telephone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
 Cellphone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Have you ever been a member of, or applied for volunteer membership to any agency, organization, company or department under another name?  Yes  No

If so, what name(s)? \_\_\_\_\_

How did you learn of this opportunity to provide volunteer services? \_\_\_\_\_

### Emergency Contact Information

In case of an emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

### Educational Background

High School  
Last Grade Completed:  9  10  11  12 Diploma/GED?  Yes  No

School(s) attended: \_\_\_\_\_

College and/or Vocational School  
Number of years completed:  1  2  3  4 Degree(s) earned: \_\_\_\_\_

School(s) attended: \_\_\_\_\_

*Serving Proudly*

**Employment History**

List most recent employer first. Include U.S. Military Service and volunteer service. If employment was under a different name, please indicate name.

Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Position(s): \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties and/or Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Position(s): \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties and/or Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Position(s): \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties and/or Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

If you wish to include additional experience, please attach the above information for each position on a separate piece of paper.

Explain any gaps in employment history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged, asked to resign from a job, or resigned to avoid discharge?  Yes  No  
*Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.*

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Orientation**

Are you presently or have you ever been a member of any fire, rescue, EMS, or emergency services agency?  Yes  No

If so, what agency(s)? \_\_\_\_\_

May we contact your superior officer or supervisor regarding your service:  Yes  No

Supervisor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Are you a member of any other community service organization(s)?  Yes  No

If so, what organization(s)? \_\_\_\_\_

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, explain in detail. Be sure to include the name and address of the organization. \_\_\_\_\_

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

**Criminal History**

Have you ever been convicted of any crime? Include misdemeanors, traffic offenses and/or felonies.  Yes  No

*Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.*

If yes, explain in detail. \_\_\_\_\_

\_\_\_\_\_

Do you consent to a search of conviction information from your local, state and national criminal history files?  Yes  No

**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, explain in detail. \_\_\_\_\_

**Qualifications, Skills and Training**

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.

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

List any special qualifications, skills, certifications, and/or licenses you hold. Include armed forces training, skills with machines, memberships in professional, scientific, or academic societies, work training programs, public speaking experience, and trade schools backgrounds, etc. *You need not disclose any affiliation, certification, or membership that may reveal information regarding race, color, creed, gender, religion, national origin, ancestry, disability, marital status, veteran status, or any other protected status.*

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

**Driving Record**

Do you have a valid driver's license:       Yes       No

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

Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basis during membership for repeated or significant traffic violations?       Yes       No

**Statement**

Occasionally, an application makes it difficult for an individual to adequately summarize his or her complete background. Please use the space below to summarize any additional information you would like to include.

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**References**

List three (3) references that have known you for at least two (2) years. Do not include relatives.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

**Certification and 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 Volunteer Service Application 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 an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected. White Oak Volunteer Rescue Squad and/or any representative thereof is hereby authorized to make investigation of my personal history, criminal history, driving record, and/or employment history. I 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. I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract. Membership with the White Oak Volunteer Rescue Squad is "at will" and may be terminated at any time, with or without notice, and with or without cause.

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

\_\_\_\_\_  
Date

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

