



**County of Fauquier  
Department of Fire, Rescue &  
Emergency Management**

62 Culpeper Street  
Warrenton, VA 20186  
Tel. (540) 422-8800  
Fax (540) 422-8819



**VOLUNTEER ACTION FORM**

PERSONAL DATA			
<b>Effective Date:</b>		<b>Name</b> (Last, First, Middle):	
<b>Date of Birth:</b>	<b>Age:</b>	<b>Gender:</b>	
<b>County ID No.</b>	<b>Height:</b>	<b>Weight:</b>	
<b>Ethnic Origin:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
		<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaskan
<b>Blood Type:</b>	<b>Drug Allergies:</b>		
<b>Medical Information:</b>			
<b>Emergency Contact Name:</b>		<b>Relationship:</b>	
<b>Emergency Contact Telephone:</b>			
CONTACT DATA			
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
<b>Telephone:</b>	<b>E-Mail:</b>		
<b>Other Telephone:</b>	<b>Other:</b>		
STATUS DATA			
<b>Rank/Title:</b>	<input type="checkbox"/> Active Volunteer		<input type="checkbox"/> Junior Volunteer (16-17 yrs)
<b>EMS Training:</b>	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-ST	<input type="checkbox"/> EMT-CT
	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P	
<b>Fire Training:</b>	<input type="checkbox"/> FF I	<input type="checkbox"/> FF II	
<b>Officer Training:</b>	<b>Fire Instructor Training:</b>		
	<b>EMS Instructor Training:</b>		
ACTIONS			
<b>Station:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>		
	<input type="checkbox"/> Begin Service	<input type="checkbox"/> Leave Service	<input type="checkbox"/> Contact Data Change
<b>Reason for Action:</b>	<input type="checkbox"/> Status Data Change	<input type="checkbox"/> Personal Data Change	<input type="checkbox"/> Authorization Data Change
	<input type="checkbox"/> Transfer Only:	Transfer From Co.:	Transfer To Co.:
Please explain:			
SECOND STATION MEMBERSHIP REQUEST			
Current Station _____	<input type="checkbox"/> New Primary _____	<input type="checkbox"/> New Secondary _____	
AUTHORIZATION DATA			
<input type="checkbox"/> Photo ID Card	<input type="checkbox"/> Uniform Issuance	<input type="checkbox"/> Hepatitis-B Vaccination	<input type="checkbox"/> Personal Protective Equipment Issuance

\_\_\_\_\_  
Signature of Chief or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Chief or Designee (if required)

\_\_\_\_\_  
Date