

NEW MEMBER APPLICATION

❖ **Application package is given to the applicant by the Volunteer Fire and Rescue Company recruiter or recruiter representative**

❖ **Application package includes:**

- Volunteer Application Approval Checklist
- Fauquier County application and Fire and Rescue Company application where required
- Permission to Release Information Form (must be notarized)
- Copy of the letter from Virginia Office of Emergency Medical Services (OMES) approving the background checks
- Parent/Guardian Consent Form (Juniors 16 & 17 and Cadets 14 & 15 must submit notarized form) – Some Companies may not have cadet members
- Hepatitis B Vaccine authorization/waiver forms
- Copy of Drivers License
- DMV Drivers History (for those over 18)
- Copy of Birth Certificate

Volunteer obtains
& submits with
application package



- ❖ **Applicant completes all forms and returns them to Volunteer Company with driver's license, driving history and birth certificate. Notarized "Permission to Release Information" is needed so Volunteer Company can share Virginia OEMS approval letter.**
- ❖ **Volunteer Company orders fingerprint cards from REMS and provides a card to the applicant. Applicant completes the fingerprint card as shown in slides 3 through 5 and the Volunteer Company mails fingerprints to Virginia OEMS. This replaces the background check that was used prior to July 1, 2014. This process is required for all applicants including Jr., Cadet and Class C members.**
- ❖ **Volunteer Company agency license owner receives letter with applicant approval or disapproval from Virginia OEMS**
- ❖ **A copy of the letter from Virginia OEMS indicating that the applicant is approved must be submitted with the application so processing can continue**
- ❖ **Volunteer Company reviews and verifies completion prior to submission to New Member Orientation (NMO) for processing**

Instructions for Completing Fingerprinting Card

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK			
D-256 (REV 3-1-10) 1110-0046		LAST NAME	FIRST NAME	MIDDLE NAME	OR I	SEX	HT	WT	EYES	HAIR	DATE OF BIRTH	DOB
SIGNATURE OF PERSON FINGERPRINTED 3.		ALIASES AKA 2.		VA922491Z VA DOH/OFC EMS GLEN ALLEN, VA							Month Year 5.	
RESIDENCE OF PERSON FINGERPRINTED 4.		CITIZENSHIP CTZ		6.	7.	8.	9.	10.	11.	PLACE OF BIRTH 12.		POB
DATE 14.	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 15.		YOUR NO. OCA		LEAVE BLANK							
EMPLOYER AND ADDRESS 16.		FBI NO. FBI		CLASS _____								
REASON FINGERPRINTED 17.		ARMED FORCES NO. MNU		REF. _____								
		SOCIAL SECURITY NO. SOC 13.										
		MISCELLANEOUS NO. MNU										

If form does not have a tracking number it will be rejected by EMS

1. Name (NAM) block: Enter applicant's last name, first name, and middle name – in that order – in this space. Be sure to write out the middle name. Suffix denoting seniority (Jr. , Sr., III) should follow the name.
2. Also Known As (AKA) block: Enter other names the applicant has used, especially maiden names and or previous married names.
3. Applicant's Signature block: The applicant must sign this block in the presence of the person taking the fingerprints.
4. Applicant Address block: Enter the applicant complete physical address.
5. Date of Birth (DOB) block: Enter the applicant's date of birth in the format mmddyyyy.
6. Sex block: F for female, M for male.

7. Race (RAC) block: Select one of the corresponding alphabetic codes:

CODE	RACE
I	Native American
A	Asian
B	Black
W	Caucasian/Latin

8. Height (HGT) block: Enter the applicant's height in feet and inches. Round off fractions to the nearest inch.

9. Weight (WGT) block: Enter the applicant's weight in pounds.

10. Eye Color (EYES) block: Select the correct color from the table:

Eye Color	Code	Eye Color	Code	Eye Color	Code	Eye Color	Code	Eye Color	Code
Black	BLK	Blue	BLU	Brown	BRO	Gray	GRY	Multicolor	MUL
Green	GRN	Hazel	HAZ	Maroon	MAR	Pink	PNK	Unknown	XXX

11. Hair Color (HAIR) block: Select the color from the table

Hair Color	Code	Hair Color	Code	Hair Color	Code	Hair Color	Code	Hair Color	Code
Bald	BAL	Black	BLK	Blonde	BLN	Blue	BLU	Brown	BRO
Green	GRN	Grey	GRY	Orange	ONG	Purple	PLE	Pink	PNK
Auburn	RED	Sandy	SDY	White	WHI	////////	////////	////////	////

12. Place of Birth (POB) block: Enter the state where the applicant was born.
13. Social Security Number (SOC) block: Enter the applicant's social security number.
14. Date Fingerprinted block: Enter the date the applicant is fingerprinted
15. Signature of person taking fingerprints. The fingerprinter (not applicant) signs in this block
16. Employer and address block: Enter the name and address of the licensed EMS agency the applicant is seeing affiliation; employment with, and the mailing address of the licensed EMS agency.
17. Reason fingerprinted block: Enter either volunteer or career EMS agency affiliation in this block.

NOTE:

Do not fold cards at any time. Creases in the fingerprint card will results in them not being able to be processed

Items 1-17 above are all required. Missing information will results in card not being able to be processed

Items 1-17 should be entered or printed on the card in black ink ONLY.

Once all information above is entered completely and fingerprints are obtained, send the card to:

**Virginia Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059**

- ❖ **Additional information about the background check process is available in the FAQ document found using the link below.**

[FAQ Sheet Virginia OEMS](#) (Right click on this link and select “Open Hyperlink” and then select “OK”. Click on the “Explorer” icon which will be flashing to open the document.)

- ❖ **NMO sends email to chief, president, company recruiter and volunteer with forms for department physical saying that a physical can be scheduled for Class A and B members. Cadet and Class C members do not require a physical.**
 - Form must be signed by the chief or his/her designee to be accepted by the medical facility – volunteer is responsible for charges for a missed appointment
- ❖ **Volunteer makes appointment for physical with medical group as instructed in the forms package**

❖ **NMO sends email to chief, president, company recruiter and volunteer when results of the physical are received. For Class C members email is sent as soon as application is received and processed.**

- Results include approved membership class for A or B members

❖ **Email includes instructions for completing fit testing (Class A), ID badges and links for life insurance forms and HIPAA training**

- Must be 18 years or older to qualify for the additional \$10K life insurance

❖ **Volunteer comes to the Fire and Rescue training facility and completes fit testing, if required, and photo IDs**

- A membership number is issued for badges and to sign in to on-line HIPAA training
- Volunteer receives a compliance card when HIPAA training is complete
- New Member Processing is held the first and third Wednesday of each month from 6 p.m. to 9 p.m.

- ❖ **Volunteer name and contact information is added to the company membership list when badges are issued and an email sent to president, chief, recruiter and volunteer indicating that the person is active**
- ❖ **HIPAA training completion date added to the company membership list when test results are received**
- ❖ **Welcome letter sent to volunteer from Association President and County Fire Chief**
- ❖ **Application sent to Fire and Rescue main office for filing when application process is complete**

