



Loudoun County Combined Fire Rescue System Monroe Student Application



PERSONAL INFORMATION:

Name (last, first, middle):
Address:
Home phone number: Cell phone number:
Email address: Date of Birth:
Parent/Guardian Email Address:
Previous address (if at current address less than one year):

EDUCATION:

High School: Expected graduation date:
Other/Technical:
Provide a copy of your most recent report card with this application.

EMPLOYMENT/VOLUNTEER HISTORY:

Please list your employment and volunteer history beginning with the most recent and working back.

Current employer's name:
Address:
Supervisor's name: Phone number:
May we contact your employer? (Circle one) YES NO
Dates of employment: Usual work hours:
Do you intend to keep this position if you are accepted as a volunteer with Loudoun County Combined Fire Rescue System?
(Circle one) YES NO UNSURE
Description of current duties:

Previous employer's name (if at current employer less than one year):
Address:
Supervisor's name: Phone number:
Dates of employment:
Description of duties:
Reason for leaving:

PUBLIC SERVICE:

Are you currently a member of a Junior Reserve Officer Training Corp (ROTC), Sheriff Auxiliary, Fire-Rescue, Police Cadet, or Explorer program? (Circle one) YES NO
If you answered yes to, please answer the following:
Program:
Rank/Title:
Years in the program:



# Loudoun County Combined Fire Rescue System Monroe Student Application

**PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:**

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

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

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PERSONAL REFERENCES:**

List two reference who have known you for at least one year, one of which may be a relative.

Name/ & Relation	Address	Phone numbers and note if cell (c), home (h), or work (w)
		Day:
		Evening:
		Day:
		Evening:

**HAZARDS ASSOCIATED WITH WORKING WITH FIRE-RESCUE:**

Employee and volunteers encounter conditions that may require proximity to fires, gases, excessive water, injured patients, bodily fluids, and loud sounds. Heavy lifting may be required and should be done cautiously. You will be required to complete and successfully pass a physical and criminal background check prior to being affiliated with the Loudoun County Combined Fire Rescue System.

**ALL APPLICANTS:**

The information provided herein is true and accurate to the best of my knowledge and belief. I realize that any omission or misrepresentation I provide on this application may make it fraudulent and result in termination of my application & affiliation. I understand the possible hazards described in the paragraph regarding hazardous materials.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 a parent or Guardian must sign.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EFFECT OF NON-DISCLOSURES:** Furnishing information on this application is voluntary, but failure to provide all or part of the information may result in a lack of further consideration of volunteering with Loudoun County Combined Fire Rescue System.

**EXPIRATION DATE OF THIS APPLICATION:** This application is considered active and will expire ninety (90) days from the date of signature. All requirements for membership must be completed within ninety (90) days.



# Loudoun County Combined Fire Rescue System Monroe Student Application



### FOR OFFICE USE ONLY:

<b>Station Files Checklist:</b> <input type="checkbox"/> Volunteer application <input type="checkbox"/> DMV record <input type="checkbox"/> Criminal history record (types checked: _____) _____	<b>Dates:</b> <input type="checkbox"/> App picked up <input type="checkbox"/> App returned <input type="checkbox"/> Interviewed <input type="checkbox"/> Attended County Orientation <input type="checkbox"/> Site Supervisor assigned
--	---

### Criminal & Driving Background Check Data

Applicant's Name: \_\_\_\_\_

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

Prior Name/Names: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Background checks are required prior to volunteering. Failure to provide information may eliminate your opportunity to volunteer with Loudoun County Combined Fire Rescue System.



**Loudoun County Combined Fire Rescue System  
Monroe Student Application**



**AUTHORIZATION TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any accredited representative of the Loudoun County Combined Fire-Rescue System bearing this release or a photocopy thereof, to obtain any information about my activities from schools, agents, employers, criminal justice agencies (including the Virginia State Police as provided for in Section 19.2-389 of the Code of Virginia, 1950 as amended) or individuals. This information may include, but is not limited to, the following: academic achievement reports, birth records, driving histories/transcripts and conviction/arrest records (including those found in the files of the Central Criminal Records Exchange). I hereby authorize and request your release of such information upon request of the bearer. I understand that the information release is for official use by the Loudoun County Combined Fire-Rescue System only as necessary in the fulfillment of official responsibilities. This authorization expires one year from the date shown below.

\_\_\_\_\_  
Applicant's Name (Please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Parent or Guardian's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Parent or Guardian's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date