

# Roanoke County Fire & Rescue

## NEW APPLICANT CHECKLIST

Name of Applicant \_\_\_\_\_ Organization \_\_\_\_\_

- ☐ RCFRD Volunteer Application--signed by Volunteer Chief
- ☐ Driver's License—copy
- ☐ Social Security Card
- ☐ Criminal History Record Search Form—completed
- ☐ Driving Eligibility Letter of Understanding—signed
- ☐ Virginia DMV Information Request Form—signed
- ☐ ID/Access Form—signed
- ☐ RCFRD Job Description
  - ☐ Fire
  - ☐ Rescue
- ☐ Fingerprint Card
- ☐ Photo in duty shirt

NOTES:

Signature of RCFRD staff member who met with applicant \_\_\_\_\_

### FOR OFFICE USE:

- ☐ VA Background Search
- ☐ FBI Clearance/Memo Sent
- ☐ CPO Sent to Chief
- ☐ Medical Approval/Memo Sent
- ☐ Organization Approval Rcvd/Final Memo Sent
- ☐ ID/Access Card sent to Chief

### ADD TO THESE SYSTEMS ONCE ACCEPTED:

- ☐ C/Cure Station Access System
- ☐ RCFRD Roster Profile
- ☐ Image Trend (Rescue)
- ☐ Aegis Fire Records
- ☐ Volunteer Email Address Book
- ☐ AMCOM SMS

## Roanoke County Fire & Rescue

### DRIVING ELI; I6-LITY

Volunteer Personnel driving emergency vehicles in response to emergencies or during non-emergencies such as training must be:

- 21 years of age or older
- Possess a valid operator's license issued by the DMV State of Virginia
- Possess -2 or better driving points on their DMV record and
- Must have completed a EVOC course

Personnel who are preparing for EVOC certification may drive for parking lot/road time with a qualified person who is EVOC certified to become familiar with the emergency apparatus. In order to be eligible to drive county insured vehicles you must complete a DMV form authorizing RCFRD to complete a driving record check and provide the volunteer office with your current EVOC certificates. In turn, the volunteer office will send written documentation to appropriate Chief that a volunteer is covered by insurance and eligible to drive county vehicles.

I understand the above policy and will refer to the "Driving County Vehicles and Responding To and From Alarms Policy" in the Fire and Rescue Personnel SOP & SOG Handbook before driving any Roanoke County insured vehicles.

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

### Virginia DMV Information Request Form

|   |        |                         |                   |          |
|---|--------|-------------------------|-------------------|----------|
| Name  | (last) | (first)                 | (mi)              | (suffix) |
| Street Address  |        |                         |                   |          |
| City  |        | State                   | Zip               |          |
| Driver License Number   |        | Birth Date (mm/dd/yyyy) |                   |          |
| <p>I authorize Roanoke County Fire &amp; Rescue Department to conduct a pre-volunteer driving record check through the Virginia Department of Motor Vehicles to include my license history and conviction data.</p> <p>Additionally, if accepted, I understand that RCFRD will request an annual driving record through the VDMV and may monitor my driving record.</p> |        |                         |                   |          |
| Subject Signature   |        |                         | Date (mm/dd/yyyy) |          |

**CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM**

Mail Request To: Virginia State Police  
Central Criminal Records Exchange  
P.O. Box 85076  
Richmond, Virginia 23261-5076

**PURPOSE OF THIS REQUEST (Check only one):**

- |   |   |
|---|---|
| <input type="checkbox"/> CHILD DAY CARE                         | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS   |
| <input type="checkbox"/> DOMESTIC ADOPTION                      | <input type="checkbox"/> INTERNATIONAL ADOPTION       |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE                  |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH            | <input type="checkbox"/> EMPLOYMENT                   |
|   | <input type="checkbox"/> OTHER (Please Specify) _____ |

**NAME TO BE SEARCHED:**LAST NAMEFIRST NAMEMIDDLE NAMEMAIDEN NAMERACESEXDATE OF BIRTH

(MM/DD/YYYY)

SOCIAL SECURITY NUMBER

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Signature of Person Making Request: \_\_\_\_\_

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

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

NAMEATTENTIONADDRESSCITYSTATEZIP CODE**FEES FOR SERVICE:**


FEES:

- ☐ \$15.00 CRIMINAL HISTORY SEARCH  
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* FEES For Volunteers with Non-Profit Organizations:

- ☐ \$ 8.00 CRIMINAL HISTORY SEARCH  
☐ \$ 16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**CHARGE CARD: ☐ MasterCard  OR ☐ Visa  ☐ Certified Check or Money Order (attached, payable to Virginia State Police)Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ☐ Virginia State Police Charge Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

☐ No Conviction Data – Does Not Preclude the Existence of an Arrest RecordPurpose code: ☐ C☐ No Criminal Record – Name Search Only☐ No Criminal Record – Fingerprint Search☐ N☐ No Sex Offender Registration Record☐ Criminal Record Attached☐ O

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_

T-10 Volunteer Tracking Form



## Roanoke County Fire & Rescue Department Volunteer Firefighter

To participate in firefighting can be a very rewarding experience. However, the responsibilities of a firefighter are great and at times extremely stressful. The balance of a victim's life may rest with the actions taken by the firefighter. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility. Firefighters are at an increased risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Firefighting training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of firefighting activities tends to place providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

Please review the Volunteer Job Description for Firefighting.

### FIREFIGHTER VOLUNTEER DESCRIPTION

#### GENERAL STATEMENT OF DUTIES:

Engages directly in firefighting, first responder and fire prevention activities, operates fire equipment, performs maintenance of fire stations and equipment, performs first responder care, does related work as required.

#### DISTINGUISHING FEATURES OF THE CLASS:

The firefighter will perform responsible operational duties in the Fire & Rescue Department under the supervision of the Volunteer Station Officer. A firefighter is responsible for a variety of tasks, some of which are performed under emergency conditions and may involve considerable personal hazard. The firefighter spends a major portion of time in the routine maintenance of building and grounds, and in testing emergency apparatus and equipment in preparation for emergency calls. At all times, the firefighter must be alert to respond to alarms and to perform under emergency conditions. Due to the nature of the work, the firefighter must work well with other firefighters and follow the directions of the station officer promptly and effectively. A firefighter must quickly become familiar with modern firefighting methods and procedures after entrance and become proficient at operating emergency equipment. In order to keep abreast of current developments, a firefighter must participate in continuing training and instructional programs. The firefighter must possess an aptitude for mechanical work and be in good physical condition.

#### EXAMPLES OF WORK: (Illustrative Only):

- Works at fire station and responds to calls for fire equipment
- Engages directly in fire suppression activities and non-fire related emergencies
- Performs rescue work for life and property protection
- Provides first responder emergency care to injured persons
- Maintains and repairs fire and rescue apparatus and equipment, tests and inspects equipment
- Aids in cleaning station house
- May make periodic inspections of buildings for fire hazards
- Keeps records and completes reports
- Presents fire prevention and emergency medical safety to general public
- Keeps abreast of current techniques by participating in training and instructional programs

#### REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

General knowledge of methods and techniques involved in fire fighting; knowledge of the street and road system, and the physical layout of the County; ability to work well with other volunteers/employees; ability to follow oral and written instructions; keep routine records and prepare reports, have aptitude for mechanical work.

#### ADDITIONAL REQUIREMENTS:

Certification in accordance with National Fire Protection Association Standard (NFPA) 1001 for Firefighter Level 1 certification within (18) months of acceptance. Must maintain all required certifications throughout volunteer membership. Must maintain good physical fitness. Must successfully pass background screening to include criminal history and medical/physical exam.

**Your fire company must be a licensed EMS agency for its volunteers to provide EMS care above the standards covered in FFI, NFPA 1001, level 1, firefighter standards as administered by the Virginia Department of Fire Programs (VDFP).**

*I have reviewed the volunteer Firefighter Job Description and having no further questions, consider myself to possess the necessary characteristics to perform the duties of a volunteer Firefighter. I understand that I will only be covered under workers compensation to perform these job related activities for which I am trained and certified and within this job description.*

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

O: 4/2006



## *Roanoke County Fire & Rescue Department Volunteer EMS*

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive, but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility. EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Emergency Medical Services training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tends to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the greatest importance.

Please review the Volunteer Job Description for Emergency Medical Services.

### *EMS VOLUNTEER DESCRIPTION*

#### GENERAL STATEMENT OF DUTIES:

Engage directly in providing emergency medical services using support and stabilization procedures at the scene of an accident or illness and during transport to medical facilities, assists in the maintenance of stations and equipment, does related work as required.

#### DISTINGUISHING FEATURES OF THE CLASS:

A volunteer in this class performs responsible emergency medical services work in the Fire & Rescue Department under the general supervision of the volunteer station officer. Volunteers in this class are primarily responsible for responding to calls involving rescue. The EMS volunteer will test rescue emergency equipment in preparation for emergency calls. The volunteer assists in the routine maintenance of buildings and grounds at assigned stations. The individual must work well with the other emergency services including volunteer and career personnel often under hazardous and stressful conditions, responding promptly to directions given by the on-site supervisor.

#### EXAMPLES OF WORK: (ILLUSTRATIVE ONLY)

- Works at stations responding to calls for emergency assistance
- Provides emergency medical services using emergency life support and stabilization procedures at the scene of the accident or illness and during transport to medical facilities
- Performs rescue activities in potentially life-threatening situations
- Replenishes supplies and required vehicle maintenance following a call
- Prepares and maintains records and reports for emergency and patient responses, including legal accountability
- Through continuing training, keeps informed of the latest EMS techniques within training certification
- Monitors health, safety and the physical condition of personnel at fires or other hazardous sites
- Operates medical radio equipment
- Assists in routine maintenance of building and grounds at assigned stations

#### REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Extensive knowledge of emergency medical care within certification status. Able to work in hazardous or stressful conditions; ability to manage major emergency medical services incidents making appropriate decisions with regard to patient care; knowledge of the geographical layout of the County, including the street and road network; ability to work well with others; ability to follow oral and written instructions; ability to keep complex incidents reports; aptitude for mechanical work; ability to accept orders by radio.

#### ADDITIONAL REQUIREMENTS:

Certification in accordance with OEMS EMT-B certification &/or EVOC certification within (18) months of acceptance. Must maintain all required certifications throughout volunteer membership. Must maintain good physical fitness. Must successfully pass background screening to include criminal history.

EMS Volunteers may participate in training related to firefighting to see if they are interested, but first must complete the necessary steps including: Volunteer Office must receive written permission from the organization Chief and correlating Fire Company Chief, successful completion of medical exam by RCFRD contracted physician. Once completing the training, the EMS volunteer is not authorized or insured to participate in ANY firefighting activities until joining a RCFRD fire company.

*I have reviewed the Volunteer EMS Job Description and having no further questions, consider myself to possess the necessary characteristics to perform the duties of a volunteer EMS provider. I understand that I will only be covered under workers compensation to perform these job related activities for which I am trained and certified and within in this job description.*

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

O: 4/2006

Roanoke County Fire and Rescue Department  
Messenger Alerting System

Sign Up Form

The Messenger Alert System is a method to send **Short Message Service (SMS)** to wireless phones commonly referred to as text messaging. As a component of our enhanced paging system personnel may elect to receive SMS text to their phone for fire/rescue dispatches. The message is a short message that currently displays on the current pagers however these SMS text messages are sent through the wireless telephone network and is separate from the Fire/Rescue's closed tower network system.

If you choose to participate, all emergency notifications for your volunteer station will be sent to your designated wireless phone number, standard text-messaging rates may apply. The standard text-messaging rate is whatever your carrier charges to send or receive a text message on your mobile phone. Check with your carrier or your account on the company's Web site to see what your plan entails.

The following information is required to create your user account in the system. The process can take up to 10 business days once the Fire/Rescue Office receives your information.

Name \_\_\_\_\_ (print)

Volunteer Station/Company assigned to \_\_\_\_\_

Telephone number with Area Code \_\_\_\_\_

Owner of Phone Account if different from Name listed above  
\_\_\_\_\_ (print)

I understand that there may be charges for SMS text which are my responsibility and is dependent on the cellular/wireless plan that this phone/account is covered under.

\_\_\_\_\_ (signature of account holder)

\_\_\_\_\_ (date)





183 Leader Heights Road  
P.O. Box 2726  
York, PA 17405  
(800) 233-1957 or (717) 741-0911  
www.vfis.com

## BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

☒ New Insured      ☐ Beneficiary Change      ☐ Name Change: From: \_\_\_\_\_

Complete all of the following information:

|  |              |                   |
|--|--------------|-------------------|
| Policyholder Name and Policy Number(s) (Emergency Service Organization Name) |              |                   |
| <input checked="" type="checkbox"/>  | Policyholder | County of Roanoke |
| <input type="checkbox"/>   | Policyholder | Policy Number     |
| <input type="checkbox"/>   | Policyholder | Policy Number     |
| <input type="checkbox"/>   | Policyholder | Policy Number     |
| <input type="checkbox"/>   | Other        |                   |
| <input type="checkbox"/>   | Other        |                   |

|                |                     |                             |
|----------------|---------------------|-----------------------------|
| Last Name:     | First Name:         | MI:                         |
| Date of Birth: | Date of Membership: | Social Security Number: / / |

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

| BENEFICIARY DESIGNATION – Primary Class   | Relationship to Insured | Date of Birth | Percent (Must equal 100%) |
|---|-------------------------|---------------|---------------------------|
| <input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached.<br>(Name, address, phone number and/or email address of beneficiaries) |                         |               |                           |
|   |                         |               |                           |
|   |                         |               |                           |
|   |                         |               |                           |
| BENEFICIARY DESIGNATION – Contingent Class  | Relationship to Insured | Date of Birth | Percent (Must equal 100%) |
| (Name, address, phone number and/or email address of beneficiaries)   |                         |               |                           |
|   |                         |               |                           |
|   |                         |               |                           |
|   |                         |               |                           |

**MINOR OR ESTATE AS BENEFICIARY:** If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sample wording for Beneficiary Designations

| Class   | Relationship to Insured                             | Percent           |
|---|---|-------------------|
| One Beneficiary of a class<br>Jane Ann Jones  | Spouse  | 100%              |
| Two or more Beneficiaries of a class:<br>Arthur Leo Jones<br>Grace Hays Jones       | Father<br>Mother                                    | 50%<br>50%        |
| Unnamed Children:<br>Children of the Named Insured                                  |   | Split Equally     |
| Unequal distribution:<br>Grace Hays Jones<br>Mary Jones Ford<br>William Roger Jones | Mother<br>Sister<br>Brother                         | 50%<br>25%<br>25% |
| Insured's Estate  | Executors or Administrators of the Insured's Estate |                   |

This form should be retained by the Policyholder with a copy to the insured.

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

## Roanoke County Fire and Rescue ID ACCESS SYSTEM

- The RCFRD ID ACCESS system is a multi-function security system funded by a homeland security grant to keep our personnel as safe as they can be. It is an identification system as well as a station access system. Access is granted based on what stations personnel will need access to regularly.
- The badge you receive serves as your official identification card representing RCFRD. You should wear this badge visibly when you are on duty. This badge may be required on the scene of a multi-agency/department effort so please keep it with you when you are on duty at all times.
- To gain access to your assigned station you need to hold the badge within 1 inch of the small black box next to each station entry door. The door will unlock or disengage and then you are able to open it.
- Upon approaching an exit door from the inside of the station a sensor will acknowledge that you are close to the door and unlock the door for you to exit.
- The access system is connected to both electrical and generator lines. If the generator fails, there is a battery back up at each site that will power the access system until electrical power can be restored.
- The access system is networked to a main computer terminal. If the network temporarily fails there is a significant memory for the system to function until network access can be restored
- The cost of this security system is over \$500,000, but it is only as good as we make it. Please do not prop doors or let anyone in who you do not know. Please do not leave station doors open and unattended. When leaving on a call, please do not leave the station open and unsecured.
- If you lose your card you must report it missing immediately. Remember, you are responsible for the usage of this card.
- This badge is official property of RCFRD and must be returned upon conclusion of your services. Do not loan your card to anyone at anytime.
- By signing below you agree to use this ID/ACCESS system as indicated above and return your card upon terminating your services with RCFRD.



\_\_\_\_\_  
Name

\_\_\_\_\_  
Date