



YORKSHIRE VOLUNTEER FIRE DEPARTMENT, INC.

8277 Patton Lane, Manassas, Virginia 20111

703-368-4433 www.yvfd8.org

MEMBERSHIP APPLICATION PACKET

Welcome to the Yorkshire Volunteer Fire Department. We are glad that you are interested in volunteering with us and becoming a part of our growing family. The Yorkshire Volunteer Fire Department was established in 1948 and went into service in 1952. I.J. Breeden donated the land for the first fire house to the department and the residents of Yorkshire built the building.

Our first due area is approximately 6 square miles. Within this area, we serve approximately 4,000 homes and 250 businesses. Our equipment consists of two engines, two ambulances, one rescue, two utility vehicles, one UTV, and three chief vehicles.

We are approximately 75 members strong and growing. Many of our members are cross-trained in Fire and EMS. The goal of the membership in training is to become either an EMT or Firefighter. We staff our equipment five nights a week, weekends and holidays.

Your membership application packet should consist of the following information:

- An explanation of the application process
- An Application Form
- A Completed documents checklist

The Application Process

Application:

- Please complete all the information prompts as all answers are necessary for our files
- If you are completing the form on a computer, your typed full name will serve as your signature
- Please **do not** return the application until you have attached a driving record, local criminal history check, and at a minimum, scheduled electronic fingerprinting.
- Once completed, please return pages 3-6 of the application as well as your scanned criminal history report and driving record either to the fire station, or digitally to Membership@yvfd8.org

Driving Record and Criminal Background Check:

- You will need to contact your state or local DMV for a copy of your driving record.
 - Virginia DMV - <https://www.dmv.virginia.gov/dmynet/records/intro.asp>
- Please visit your local police department and have your criminal record pulled in hard copy
 - There may be a fee at your local police/DMV department that is non-reimbursable

Fingerprint Instructions:

- You will need to register in the Virginia Office of Emergency Medical Services (OEMS) system in order to create a 9 digit identifier unique to your subsequent fingerprint submission
 - Virginia OEMS site - <https://vdhems.vdh.virginia.gov/emsapps/f?p=200:16>
 - When prompted for agency affiliation, search for and select “Yorkshire Volunteer Fire Department”
 - You should receive your identifier within a few days after the OEMS application is processed, make sure you save this number
- Create an account in the FieldPrint system and schedule a live fingerprint capture session at a convenient time and location
 - FieldPrint VA Website - <https://fieldprintvirginia.com/>
 - Within FieldPrint you will need several codes/identifiers as part of the application
 - FPV999NC (non-EMTs)
 - FPV1041C (if you are a VA EMT)
 - Agency License – 00085
 - OEMS 9 digit identifier from the last step
 - Assuming the process is completed correctly the results of your background investigation will be provided directly to Yorkshire VFD and your interview can then be scheduled
- If you get lost in the fieldprint process, instructions are outlined at the following site:
<https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/volunteer-non-certified-member-e-g-driver/>

Interview Process:

Once your completed application is received, our Membership Committee will review it and your references will be contacted. An interview between you and the Membership Committee will also be scheduled where the committee will ask you questions and explain the details of our department. We will also go over the amount of time and dedication required by you and possibly by your family. Each member is required to be on duty one weeknight and one Saturday of each month. After everything has been completed, the Board of directors and membership will vote on you as a new member.

Personal Information

Last Name MI	First	Sex (check) <input type="checkbox"/> M <input type="checkbox"/> F	Date of Application	
Street Address		Work Telephone	SSN or Drivers license number	
City State		Zip	Home Telephone	
E-mail Address		Date of Birth	Cellular Number	
Are you a citizen of the United States or a legal resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>What is your interest? (Please check all that apply)</p>				
Firefighter <input type="checkbox"/>	EMS <input type="checkbox"/>	Firefighter & EMS <input type="checkbox"/>	Supportive <input type="checkbox"/>	Undecided <input type="checkbox"/>

Experience

(No experience required, but if you have any we would like to know.)

Have you ever filed an application with Yorkshire Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, When?		
Have you ever been denied membership to a fire and/or rescue department? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.		
Have you ever been discharged for misconduct or unsatisfactory service or asked to resign from a fire and/or rescue department? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.		
List and EMS or Firefighting Certifications you have.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Certification/ expiration</td> <td style="width: 40%; border: none;">State</td> </tr> </table>	Certification/ expiration	State
Certification/ expiration	State	

Employment

Present Employer	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Supervisor	
Job Title and Description of your work:	
Previous Employer	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Supervisor	Reason for Leaving
Job Title and Description of your work:	

Education

School	Name, City and State of School	# of Years Completed	Did you Graduate?
High School			
College			
Other			

References

Please list three references, not related to you by blood, or marriage, that you have known for at least two years.

If you have been a member of another department, please list your ranking officer(s).

Name	Relation	Best Contact Number
1)		
2)		
3)		
4)		

General Information

Have you ever been convicted of a traffic violation (Over \$300), a misdemeanor, or a felony? If yes, indicate the date and nature of the charge, police agency, court and disposition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with theft? If so, Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under any pending indictment or charge? If yes, indicate the date and nature of the charge, police agency, court and disposition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served in the armed forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be willing to take the required physical/medical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been addicted to or engaged in the use of illegal substances? If yes, last date used	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to submit to a drug-screening test	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any medical issues or disabilities, which may interfere with your ability to fully perform all fire & rescue duties? If yes, Please describe: Are you currently taking any prescription drugs? If so, please list.		
Are you able to lift seventy (70) pounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the duty night you would be available. We will do our best to comply, however based on skill/need this could change: Please circle one.		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Sunday
		6 pm – 6 am plus one Saturday duty a month 6 pm – 6 am plus one Saturday duty a month 6 pm – 6 am plus one Saturday duty a month 6 pm – 6am plus one Saturday duty a month 6 pm – 6am plus one Saturday duty a month 9 am – 6am no other duty required
Are there any scheduling conflicts we should be made aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please briefly state your reasons for becoming a volunteer with the Yorkshire Volunteer Fire Department.		

Any additional information you would like us to know.

By TYPING my full name below, I hereby authorize the Yorkshire Volunteer Fire Department to obtain the following information: a complete background investigation, physical examination, driving record, and criminal record.

Signature:

Date:

I, the undersigned, certify that the information contained herein is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, and/or erroneous could result in the rejection of my application or in my discharge from the Yorkshire Volunteer Fire Department. I also agree to abide by, and uphold the rules, regulations, and by-laws of the Yorkshire Volunteer Fire Department.

By TYPING my full name below, I agree that upon resignation or termination of my membership, I agree to return all items issued by the Yorkshire Volunteer Fire Department including but not limited to: radio, protective gear, uniforms and any other items entrusted to me.

Signature:

Date:

Checklist of Required Documents

Please have these documents included when submitting your application.

- Driving Record (retrieve at DMVnow.com or at your local DMV)
- Criminal History Check (please visit your local police department for this)
- Fieldprint fingerprinting completed- we will receive your approval or denial via email and contact you with the results
- Submitted Driving record, local criminal history check, completed the fieldprint fingerprinting, and have emailed my packet to membership@yvfd8.org

There may be a fee to obtain these records that the applicant will be responsible for.

*****Please bring two forms of Identification with you to the interview.*****