

GLouceSTER

Gloucester County, Va.
Established 1937



VOLUNTEER FIRE & RESCUE

Gloucester Volunteer Fire & Rescue Squad, Inc.
P.O. Box 1417 • 6595 Main Street • Gloucester, VA 23061
804-693-2148 • Fax 804-694-0052

Dear Applicant

Thank you for considering membership in Gloucester Volunteer Fire & Rescue Squad, Inc. Please complete the following: **PRINT CLEARLY**

Page #1	Instructional form
Page #2	Application for membership (Part A&B) card.
Page #3	Application for membership.
Page #5	DMV Information request form; Complete and sign "subject's personal information" and "Subject's driving Information". This is for Virginia Drivers' License; applicant must obtain all out of State requests. Attach a copy of your Drivers' License.
Page #7	FBI Fingerprint form; Read the attached field print instructions. Make sure to pay attention to Firefighter vs VA Certified EMS Provider . (SP criminal/sex record)
Page #8	Firefighter Waiver Form.
Page #9	Physical Agility Requirements.

Firefighters must Complete physical agility waiver - you hold until test is completed

The Applicant shall place all documentation in the provided envelope. **Seal** the envelope and **personally** place it through the top of the locked plexi-glassed bin in the Treasurer's office at St#1 and it will be processed.

Upon receipt of your DMV driving record and SP criminal/sex record, the Board of Directors will review all information and arrange an interview with you. Once your application for membership is approved by the Board of Directors, the company membership will vote on your application at a regular monthly meeting, the 1st Monday of the month at 7:30 p.m., your attendance is required.

Thank You Again,

Board of Directors

Gloucester Volunteer Fire & Rescue Squad, Inc.



INFORMATION REQUEST

CRD 93 (07/01/2021)

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix) Gloucester Volunteer Fire & Rescue Squad, Inc.			FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 23-7028667
EMAIL ADDRESS newmembershapplication@gvfrs.org	ORGANIZATIONAL AFFILIATION (if any) Gloucester Volunteer Fire & Rescue Squad,	TELEPHONE NUMBER 804-693-2148	USE AGREEMENT NUMBER (if applicable)
STREET ADDRESS 6595 Main Street		CITY Gloucester	
STATE VA	ZIP CODE 23061	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) driving record needed to clearance to drive emergency vehicle.			

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

GOVERNMENT REQUESTER	
IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information)	
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Other (Identify below)	
IF OTHER, IDENTIFY TYPE	
<input type="checkbox"/> Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1627.	CASE DATE
<input type="checkbox"/> Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3.	

SUBJECT INFORMATION	
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).	
SUBJECT FULL NAME (last, first, mi, suffix)	<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.
STREET ADDRESS	
CITY	STATE ZIP CODE

INFORMATION REQUESTED	
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)	
SUBJECT DRIVER LICENSE NUMBER	or SUBJECT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST (Check one) <input type="checkbox"/> Insurance <input type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC	
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.	
SUBJECT SIGNATURE	DATE (mm/dd/yyyy)
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)	
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE VEHICLE YEAR
<input type="checkbox"/> POLICE CRASH REPORT	
IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.	
Check one or more boxes to indicate your involvement in the crash:	
<input type="checkbox"/> I was a DRIVER.	<input type="checkbox"/> I was a PASSENGER.
<input type="checkbox"/> I legally REPRESENT a person injured or involved in the crash.	<input type="checkbox"/> I was injured in the crash or as a result thereof (ex: injured pedestrian).
<input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.	<input type="checkbox"/> I am the owner of a vehicle/property involved in the crash.
<input type="checkbox"/> I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash.	
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance.	

INFORMATION REQUESTED (continued)			
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
<input type="checkbox"/> DECEDENT PHOTO REQUEST (requester may need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):		<input type="checkbox"/> Executor <input type="checkbox"/> Administrator
<input type="checkbox"/> OTHER INFORMATION (Be specific) 			

CERTIFICATION		
<p>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.</p> <p>I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.</p> <p>For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>		
<table style="width:100%;"> <tr> <td style="width: 75%;">REQUESTER SIGNATURE</td> <td style="width: 25%;">DATE (mm/dd/yyyy)</td> </tr> </table>	REQUESTER SIGNATURE	DATE (mm/dd/yyyy)
REQUESTER SIGNATURE	DATE (mm/dd/yyyy)	

CUSTOMER RECORDS FEES	
Driving Record	\$9.00
Vehicle Record	\$9.00
Police Crash Report	\$8.00
Decedent Photo	\$9.00
Driver/Vehicle Application	\$9.00
Supporting Documents (per page)	\$3.00
Motor Carrier Overweight Citation Record	\$8.00
Travel Emergency Photo Verification	\$9.00
Record Certification Fee (additional)	\$5.00

PAYMENT METHODS	
If you are mailing this request, DMV can only accept check or money order via mail.	
<input type="checkbox"/> CHECK Made payable to DMV	ENTER CHECK AMOUNT
<input type="checkbox"/> MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT

DMV CUSTOMER SERVICE CENTER USE ONLY		
Proof of Requester's Identification		
<input type="checkbox"/> Valid Driver's License Number _____	<input type="checkbox"/> Other Photo Identification _____	
If referred to Headquarters to Fill Request, Complete:	Remarks/CSR Stamp	Fee Charged
CSR Name _____		\$
CSC Name (not CSC number) _____		

FBI Fingerprint instructions

- Google: VAOEMS
- Chose Virginia EMS Portal-Emergency Medical Service, <https://www.vdh.virginia.gov/emergency-medical-services/>
- When the home page opens, scroll down on the left side and click “regulation and Compliance Enforcement”, then that opens, choose fingerprint submission.
<https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/>
- Click – I’m joining a Volunteer Agency. <https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/volunteer-agency-fingerprinting/>
- Click – Non-Certified Member i.e., Firefighter, JR Member, Cadet or Click EMS-Certified if certified as an EMS provider.
- Visit: <https://fieldprintvirginia.com/>
- Click on “schedule appointment” button.
- Enter your email address under “**New User/Sign Up**” and click the “**sign up**” button. Following the instructions for creating a password and security question, click “**sign up and continue**”
- Enter the field print code **FPV1041C** when requested, Agency Number 00382.
- Enter the contact and demographic information required by the FBI and then schedule a fingerprint appointment at the location of your choosing. The UPS store in Walmart area is the closest (Others are available)
- You must agree to the eConsent Waiver and electronically sign and date.

Contact us at newmembershipapplication@gvfrs.org with questions or concerns.

Waiver- For Fire Fighter positions

I agree to not hold Gloucester Volunteer Fire and Rescue Squad, Inc. or any of its members or officers responsible for any injuries that might occur as a result of my taking or practicing to take the required membership application physical agility test.

Signed: _____ Print Name: _____

DOB: _____

Witness: _____ Print name: _____

Date: _____

Physical Agility Requirements to become a Fire Fighter

Applicant _____ Last 4 of SSN: _____

Date: _____

The following physical requirements will be successfully completed by the applicant in order for the applicant to become a Fire Fighter. The applicant will first be interviewed by the Board of Directors, next they will complete the physical agility test and then be presented to the membership. Time allowed for each event is 5 minutes. If the applicant fails to successfully complete the physical agility requirements his/her name will be dropped from the application process.

1. Applicant must drag 160 lb. rescue dummy the length of Station #1 truck bay.

_____ Passed _____ Failed Time: _____

2. Applicant must remove 24' ladder from an Engine without assistance.

_____ Passed _____ Failed Time: _____

3. Applicant must carry 24' ladder to the front of the rescue bay and properly set it.

_____ Passed _____ Failed Time: _____

4. Applicant must climb the ladder, once it is positioned in front of the rescue bay, get off the ladder onto the building, and get back on the ladder and descend to the ground. (Firefighter will foot the ladder for applicant, but in no other may assist).

_____ Passed _____ Failed Time: _____

Applicant successfully completed the four (4) physical agility tests administered by me on this date.

Signed: _____

Title: _____

Witness: _____

Title: _____

Forward sheet to membership person after completion:

*Note

- Test to be administered by either 2-line officers, or 1 line officer & 1 firefighter
- At the Line Officers' discretion, the applicant may be given time to practice before the actual test is administered
- Turn out gear will not be required, however, long pants and sturdy shoes are required
- Waiver must be completed prior to agility test practice or actual test
- An attempt is to be made to conduct the test during the 7 p.m. Wednesday night cleanup