



Franklin County Public Safety

Volunteer Services Application

Visit us on the web at: www.franklincountyva.gov/public-safety

Name:		Telephone: Home:	
Address: Street, City, State, Zip Code:		Work:	Cell:
SSN:		Birthdate:	E-Mail:
Race:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Department Applying to:			
Previous Emergency Services Experience:			
Educational Background:			
Certification Levels & Training:			
References: Two required. Name, Address & Telephone Number	1.		
	2.		
Please list any applicable physical, mental or emotional disadvantages:			
Have you ever been convicted of any law violation including a misdemeanor or felony?		<input type="checkbox"/> Yes, Explain <input type="checkbox"/> No	
Have you ever been convicted of any traffic violation?		<input type="checkbox"/> Yes, Explain <input type="checkbox"/> No	

Your signature below certifies the information provided above is true and accurate to the best of your knowledge and is a complete record. Your signature further authorizes the Department of Public Safety to investigate your criminal and motor vehicle operation background to verify the information is correct.

Signature

Date

Applicants under the age of 18 must have a parent or legal guardian complete the reverse side of this application. A designated member of the organization or the Franklin County Department of Public Safety must witness all signatures for applicants under the age of 18.

**TO BE COMPLETED BY PARENT / GUARDAIN OF APPLICANTS LESS THAN 18
YEARS OF AGE**

Dear Parent or Legal Guardian:

Your son / daughter has expressed an interest in becoming a junior member in a rescue squad / fire department in Franklin County. The Franklin County Department of Public Safety requires you to take a moment to review this letter. If you have any questions or concerns, please discuss them with your son / daughter, the Captain / Chief of the organization, or the Deputy Division Chief of the Franklin County Department of Public Safety.

To participate in the delivery of healthcare and or fire suppression services can be a very rewarding experience. However, the responsibilities are great, and at times extremely stressful. A patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; however, they can also be a source of frustration, guilt, and emotional stress. Physical injury, physiological problems, and disability, death, are very real possibilities. EMS providers and Firefighters are at a greater risk of exposure to infectious disease, hazardous environments, and violent persons. The nature of these activities tends to place providers in dangerous situations where maturity and experience to deal with critical decisions are of the utmost importance. By signing this document, you affirm that your son / daughter has the maturity and capabilities of managing these matters.

I, _____, have reviewed this application and

(Parent / guardian – print)

have discussed with my son / daughter the activities and requirements associated with being an EMS provider and / or Firefighter. Having no further questions, I consider my son / daughter _____, to possess the necessary

(Son's / daughter's name – print)

maturity and capabilities to perform the duties of an EMS provider and / or Firefighter and authorize their application to _____

(Name of organization)

Do not sign below until in the presence of an officer from the organization or Public Safety

Signed: _____ Date: _____

(Parent / guardian signature)

Relationship to applicant: _____

Organization witness: _____ Date: _____

Must be Captain, Chief, President or Lieutenant of organization or designated Public Safety staff.