



**Volunteer Membership  
Application Packet for  
Fire/EMS Companies**



### **Mission Statement**

*The mission of Hanover Fire & EMS is to serve people and protect lives and property through the provision of professional fire, rescue and emergency medical services, 24 hours a day.*

### **Vision Statement**

It is the vision of Hanover Fire & EMS to be a high performance combination emergency response and mitigation system that meets the current and future needs of the citizens of Hanover County in response to all emergency situations, accidental, natural or manmade.

### **Honor Code**

As member of Hanover Fire & EMS, I will not lie, cheat, steal, nor tolerate those who do.

### **Department Values**

#### Honor/Integrity

All department members will be held to high standards and expected to behave in a manner that represents a strict adherence to moral and ethical values.

#### Respect

All department members will be expected to display self-respect. Without fail, they will treat others as they wish to be treated. They will hold great regard for all they serve and protect their dignity.

#### Responsibility

Members have a personal obligation to honor their commitment to their respective organizations and to Hanover Fire & EMS. It is one's own duty to make decisions using good judgment and common sense, keeping safety as a first and foremost priority.

#### Accountability

Members will be held accountable for their actions. We all have a responsibility to our mission to help others. We must respect our leaders and the rules that govern our system.

#### Professionalism

Members will be expected to operate within the boundaries of professional standards. This includes, but not limited to, appropriate public behavior, clean cut personal appearance and promptness.

#### Quality

Members of Hanover Fire & EMS will always seek to provide the highest quality possible in all their endeavors and continuously strive to improve the quality of the entire system



## Volunteer Membership Application

Name:	
Address:	
Telephone: Home:	Work: Cellular: E-Mail:
Social Security Number:	
Drivers License*: State:	Drivers License Number:
Employer:	Occupation/Title:
Employer's Address:	
Employer's Telephone:	Years Employed:
High School:	Level Completed:
College:	Level Completed:
Other:	Level Completed:

✳️ *For insurance records, we must ask for a copy of your Driving Record.*

Which volunteer Fire Company or Rescue Squad do you wish to join? (check one)

- Ashland #1  
  Beavertown #2  
  East Hanover #3  
  Doswell #4  
  Hanover Courthouse #5  
  Henry #6  
 Mechanicsville #7  
  Montpelier #8  
  Rockville #9  
  Chickahominy #10  
  Farrington #11  
  Black Creek #12  
 Ashcake RS #13  
  East Hanover RS #14  
  West Hanover RS #15  
  Ashland RS #16  
  Hanover Fire/EMS

As a member, which would you be most interested in? (check one)

- Patient Care  
  Fire Suppression  
  Dispatcher/Receptionist  
  Auxiliary  
  Support Services

Which duty shifts would you most be interested in?

- Daytime  
  Evening  
  Weekends  
  Varied/flexible schedule

Please tell us about any prior volunteer experience you may have. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about any prior Fire / EMS experience you may have. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of another Fire or EMS organization? Yes  No

If so, please list the name(s) of previous organization(s).

1. \_\_\_\_\_  

County

State
2. \_\_\_\_\_  

County

State
3. \_\_\_\_\_  

County

State

Please tell us about any special skills or interests that you would like to utilize as a member. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please tell us what interests you about becoming a member of a Hanover County Volunteer Rescue Squad and what alerted you to our search for new members at this time. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted in the last five years of any criminal violation(s)? Yes  No   
 If yes, please list year(s) and type of violation(s). \_\_\_\_\_  
 \_\_\_\_\_

Training / Certifications		Expiration Date	Certification #
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Medical Technician	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cardiac Tech / Intermediate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Paramedic	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EVOC	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Firefighter level 1 (NFPA 1001)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Firefighter level 2 (NFPA 1001)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Haz- Mat Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Haz- Mat- Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mayday Firefighter Down	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NIMS, ICS, IMS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other ( Provide with application )	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**REFERENCES**

Please provide us with three references that are not living with you. Please do not include family members or our current fire / rescue squad members. References must be at least 18 years of age. Each reference will need to fill out a copy of the attached reference form. Please print.

1. Name: Address:	Telephone:
2. Name: Address:	Telephone:
3. Name: Address:	Telephone:





### BENEFICIARY DESIGNATION

- HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
- HARTFORD LIFE INSURANCE COMPANY
- HARTFORD FIRE INSURANCE COMPANY

Policyholder \_\_\_\_\_ Policy No. \_\_\_\_\_

Insured Person's Name \_\_\_\_\_

Death Benefits to be paid to beneficiary named below. State relationship.

And the right to change the beneficiary(ies) without consent of said beneficiary(ies) is reserved.

\_\_\_\_\_  
Signature of Insured Person Date \_\_\_\_\_

(Please Print or Type all but Signature)

Form PA-2218-5

### NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. If you need assistance, contact your Company Representative.

The following are the most common designations:

- Mary J. Doe, Wife (NOT Mrs. John Doe)
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares or to the survivor.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts; for example "1/3 to Mary Jones, mother, and 2/3 to Edith Jones, wife".

Please state age and relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage, insert the words "Not related" and state address of beneficiary.

The signature must be in ink. Do not erase. If corrections are necessary, line out the error and initial the correction.

Form PA-2218-5 (Back)

**THE  
HARTFORD**



**Volunteer Membership Reference Form (3 Required)**

- Applicant applying for membership with:**  Ashland #1  Beaverdam #2  East Hanover #3  
 Doswell #4  Hanover Courthouse #5  Henry #6  Mechanicsville #7  Montpelier #8  
 Rockville #9  Chickahominy #10  Farrington #11  Black Creek #12  Ashcake RS #13  
 East Hanover RS #14  West Hanover RS #15  Ashland RS #16  Hanover Fire/EMS

\_\_\_\_\_ has applied for membership with the above named Hanover County Volunteer Fire Company or Rescue Squad and has provided you as a reference. Please complete the following and return this form as soon as possible to the address listed below. A signed copy of the applicant's PERMISSION FOR RELEASE OF INFORMATION is on file at the Hanover County Fire and Emergency Medical Services office.

1. How long have you known the applicant? \_\_\_\_\_

2. Is your knowledge based on?  Personal  Business  Other  
 Please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Please comment on the following as they apply to the applicant:

	Excellent	Good	Fair	Poor	Explain:
A. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. If the applicant has worked for you, would you rehire him/her?  Yes  No  
 If no, please explain why not: \_\_\_\_\_  
 \_\_\_\_\_

6. Please comment on how you feel the applicant would perform as a rescue squad member. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. How well does the applicant work with others? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Thank you for your time and attention on this applicant's behalf.

Please return this form to: Hanover County  
 Fire and EMS  
 P.O. Box 470  
 Hanover, VA 23069  
 Attention: Membership Coordinator



**HANOVER COUNTY FIRE & EMS**  
**VOLUNTEER PHYSICAL EXAM PROTOCOL**

Effective December 1, 2003

**Purpose:**

The intent of this protocol is to provide volunteer members in the Hanover County FIRE & EMS Department a physical examination as part of the county Respiratory Protection Program. This will provide certain medical screenings approved by the county Medical Director. Life safety of all volunteer members is paramount and this protocol will provide the initial step in ensuring the well being of the department members.

**Procedure:**

Effective December 1, 2003 Hanover FIRE\*EMS will begin scheduling physical examinations for all current active members on file with Administration. They will be scheduled one station at a time in numerical order.

When a new member joins any fire or rescue station he/she will register for the department orientation class. Upon completion of this class the new member will schedule a physical examination through the HR Analyst in Fire-EMS administration. As fire members register for the Academy, they will be scheduled for the respiratory "upgrade" from their blue helmet status. The exam will include the following tests for current members and new members:

*New Fire or Rescue Station Member & Current Blue Helmet Fire Member*

- Complete Physical Examination & History
- Urine Drug Screen
- PPD
- Urinalysis

*Current Yellow Helmet Fire Member*

- Complete Physical Examination & History
- Urine Drug Screen
- Spirometry/PFT\*
- Urinalysis
- Electrocardiogram\*
- PPD

(Blue Helmet members will receive the starred items as part of the upgrade)

**Procedure continued:**

If a fire member does not successfully complete the physical examination they will be allowed to maintain blue helmet status under certain guidelines. If a rescue member does not successfully complete the physical examination they may not be allowed to treat patients, however may be allowed to assist in driving and other non-invasive measures. As such they will be able to respond, drive, and assist, as they are capable. If a member is found to have a serious medical condition and is not deemed fit for duty, they may be restricted from response until the condition is under treatment by a private physician and approved by the county designated physician. Proper documentation from the county medical facility must be provided to Hanover FIRE\*EMS Administration prior to returning to duty.



**Volunteer Information Sheet for Department Physical Exam**

FULL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATION AFFILIATION: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

**BLUE HELMET, YELLOW HELMET, ORANGE HELMET, OR EMS (CIRCLE ONE PLEASE)**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHEDULING PREFERENCE: Please indicate dates and times of availability (please allow 1-2 hours for your exam, Doctors Office hours are 8:30 – 5:00). Once your appointment has been scheduled you will be contacted at the phone number you listed above.

Date	Time

I acknowledge and understand receipt of the attached physical exam information. I realize my active volunteer status depends on the completion of the physical examination. I understand I will be billed \$100.00 by Air Park Medical if I fail to attend and do not cancel my appointment more than 24 hours prior to the exam time.

Please sign and date on the below line. (Anyone under the age of 18 have legal guardian sign below, and indicate relationship.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



## **Hepatitis-B Vaccination Program Information Sheet**

### **What is Hepatitis-B?**

Hepatitis-B, also known as Viral Hepatitis, is caused by a virus. The virus is hardy and can survive for long periods of time in the environment outside the body. The disease may or may not be associated with any signs or symptoms. If signs or symptoms develop, one usually sees nausea, vomiting, fatigue, abdominal pain, and jaundice. Some individuals develop only flu-like symptoms; however, some who contract the disease will experience liver failure and death.

### **Who is most likely to have the disease?**

Although the disease is hard to detect except in advanced stages, certain groups of people are more likely to be infected. Those groups are IV drug users, and sexually active individuals with multiple contacts. However, with the sheer numbers of people who are infected, and who will be infected, field providers cannot assume that people outside of these groups do not have the disease.

### **How is the disease transmitted?**

There are several methods of transmission, which are listed below:

By contaminated blood or blood products, by IV drug use, tattooing, ear piercing, acupuncture, hemodialysis and accidental needle sticks in health care providers.

50% of cases are attributed to breaks in the skin or mucous membranes.

Transmission by body fluids; saliva, tears, sweat, vaginal secretions, semen, urine, cerebrospinal fluid.

Oral ingestion is less likely and involves prolonged incubation time.

Chronic carriers are the main reservoir in humans.

### **How prevalent is Hepatitis-B?**

200 million cases world-wide

1 million in the United States are chronic carriers

200,000 will get Hepatitis-B annually

There are 5000 deaths annually

There is no cure for the disease

### **Who should be vaccinated?**

Health care workers with potential blood or needle-stick exposures.

Household members and sexual contacts of Hepatitis-B carriers

Special high-risk groups.

### **How effective is the vaccine?**

90 to 95% of people vaccinated develop immunological protection against the virus. Those who develop antibodies for the virus (90-95% of those vaccinated) have virtually 100% protection from the virus.

### **Who should not be vaccinated?**

The safety of administration to pregnant women has not been fully studied. Although this is not a contradiction, it should be given only if clearly needed, and after consultation with the individual's personal physician. This vaccine is created using egg products and should not be given to anyone with an allergy to eggs.

### **Are there any side effects associated with the vaccination?**

As with any vaccination there is a risk of an adverse reaction, however with vaccines for Hepatitis-B there are no serious short or long term adverse reactions. The most common side effects are localized soreness and itching at the injection site, and occasionally, flu-like symptoms of a low fever, muscle aches and nausea.

### **Is it required to get re-vaccinated?**

It is currently accepted that the vaccine is effective for a period of 7 to 10 years. Following exposure to Hepatitis-B, you may be asked to get a test to evaluate your immune status.

Information obtained from publications of the Center for Disease Control and Prevention.



### Hepatitis – B Vaccine Authorization Form

Completion of this form by: \_\_\_\_\_ of  
Please Print Full Name

\_\_\_\_\_ indicates that 1) the member desires to receive  
Print Agency Name  
the Hepatitis – B series vaccine at the location indicated by the Hanover County Fire and EMS Department and 2) that the member is in good standing with the above named agency.

\_\_\_\_\_  
Signature of Authorized Representative (President, Chief)

\_\_\_\_\_  
Member's Signature

1<sup>st</sup> Vaccine \_\_\_\_\_  
Date Lot #

2<sup>nd</sup> Vaccine \_\_\_\_\_  
Date Lot #

3<sup>rd</sup> Vaccine \_\_\_\_\_  
Date Lot #

**Note:** Members under 18 years of age must have parent or guardian permission.

**Parent/Guardian Permission for Minors**

To Whom It May Concern:  
This is to give permission for \_\_\_\_\_ to receive the Hepatitis – B vaccine that is being administered by the Hanover County Fire and EMS Department. I understand that this is a series of three vaccines to be given over a period of time.

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

\_\_\_\_\_  
Date



## Hepatitis – B Vaccine Waiver Form

**To Whom It May Concern:**

*This is to waive my participation in the FREE Hepatitis – B program that is offered by Hanover County Fire and EMS for Rescue Squad or Fire Company personnel in the County.*

*I understand the risk that I will be taking by not participating in this program and continuing to run Emergency Medical calls and provide patient care.*

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

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

Squad or Company: \_\_\_\_\_

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

Please Print Full Name

Witnessed by: \_\_\_\_\_

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

(Members under 18 years of age must have parent or guardian permission)

### Parent/Guardian Permission for Minors

To Whom It May Concern:

This is to give permission for \_\_\_\_\_ to waive the Hepatitis – B vaccine that is being offered by Hanover County Fire and EMS Department.

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

\_\_\_\_\_  
Date

**Note:** The above named member waiving participation may change his/her mind and receive the vaccine at any time in the future while serving a Hanover County Rescue Squad or Fire Company.



**Confidentiality Statement for Non-County Employees- Computer Access**

Name: _____ (first name, middle initial, last name)	Department: _____
Temp Job Class: _____	Start Date: _____ End Date: _____

Non-County Employees include consultants, contractors, third parties, temporary workers, volunteers, interns, contract temps, or other contract employees.

As a non-County employee working with Hanover County, I understand and agree to the following:

- I understand and agree that all information obtained while on assignment regarding individuals, or other information not subject to public release, is confidential.
- I will maintain this confidentiality by not discussing such information with anyone except staff as needed to fulfill duties of this assignment.
- I understand and agree that I am subject to Hanover County's Information Technology Security and Use Policy and Information Technology Security and Use Procedures and any violations may result in a termination of employment relations or loss of authorization for access to the County information resources and network.
- I understand and agree that I am subject to Hanover County's personnel policies concerning confidentiality and security, including the following sections of the Personnel Policy Manual:

**Section 11.4 Confidentiality**

All personnel information, including that relating to applicants, is confidential. Any employee not treating the information as confidential, or releasing the information other than as provided for by the statutes or these regulations shall be subject to disciplinary action including dismissal. Any disclosure of information shall be made only in accordance with the requirements of the Privacy Protection Act and disclosure without employee consent may occur only when compelled by judicial or administrative process or when the information has been placed at issue in a formal dispute between the County and the employee, all as determined by the Human Resources Director. (see Section 13.12)

**Section 11.5 Information Systems Security**

Security audit programs exist on the County computer systems in an effort to increase system security. A security violation is the attempt to access data, files, spool/printer queries, user profiles, job commands, etc., that are not your own and that you are not authorized to access. Security violations will be handled in accordance with the provisions of Section 13.3.

Section 13.12 Confidentiality

Employees having access to personal information or data in the course of providing County services to clients shall maintain the confidentiality of that information and shall release that information only in accordance with the Virginia Privacy Protection Act and any other regulations that are applicable to specific programs. Failure to adhere to those requirements and to maintain the confidentiality of personal information may result in disciplinary action, including dismissal. (see Section 11.4)

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

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