

Smithfield Volunteer Fire Department, Inc.

P.O. Box 117 • Smithfield, VA • 23431

757-357-3231

Dear Prospective Member,

We would like to thank you for considering membership with the Smithfield Volunteer Fire Department. Being a professional volunteer firefighter requires someone with courage, dedication, and a willingness to accept the challenge of a difficult and dangerous job. If you feel that you possess the internal fortitude to be a professional volunteer firefighter, please complete and return the enclosed application, releases, and information sheets.

Generally, applicants must be at least eighteen (18) years old and have received a high school diploma or GED at the time of application. Applicants shall not have been convicted of a crime, sexual offense, or an offense against minors. Additionally, the applicant shall have a valid Virginia Driver's License with a good driving record, and receive good recommendations from the references provided on the application and previous employers. Suitable applications received will be submitted to the Department at the next general business meeting which is the third Tuesday of each month. The application will be tabled for one (1) month during which time an interview committee will be established and an interview with the applicant will be scheduled.

The interview committee will make its recommendations to the Department at the following general business meeting after the interview. An applicant must receive yes votes from three-fourths (3/4) of the voting members present in order to be conditionally accepted into the Department. Upon this conditional acceptance, the applicant must schedule and pass a physical examination by the Department's physician, at the Department's expense.

Upon suitable completion of the above, the applicant will be accepted as a probationary firefighter of the Department for a period of one (1) calendar year. The probationary firefighter will be issued a complete set of personal protective equipment and will be covered by both life and accident insurance while in the performance of Department activities. During the probationary period, the probationary firefighter will be required to receive the following Virginia Department of Fire Programs training and certifications:


- Firefighter I
- CPR for Emergency Responders
- Hazardous Materials Awareness

The basic training indicated above will be paid for by the Department and takes about 120 hours to complete successfully. Truthfully, the basic training indicated above only begins to scratch the surface of the training that you will need to meet the standards of a professional volunteer firefighter. A firefighter's fire service education should continue and include Firefighter II, Emergency Medical Technician, Emergency Vehicle Operator's Course, Driver Pump Operator, and vehicle extrication, just to name a few recommended courses.

Requirements for continued membership include attendance at general business meetings, monthly drills and training, and of course, responding to emergencies. Member activities are vital to the well being of the organization and help to insure that the Department is prepared to provide the proper protective services for the community. These activities are monitored on a regular basis by the Board of Directors and the Executive Committee of the Department and are subject to disciplinary action should a member show a pattern of deficiencies.

Please do not hesitate to call us if you have additional questions regarding your membership application or questions about the fire service. We look forward to hearing from you soon.

Sincerely,
Smithfield Volunteer Fire Department, Inc.



William Britt
President

APPLICATION DISQUALIFIERS

The following factors are considered disqualifying and may result in an application for membership being denied by the Smithfield Volunteer Fire Department. Each of these disqualifiers will be reviewed for each applicant on an individual basis.

Criminal History

- Conviction of any felony
- Conviction of any misdemeanor involving moral turpitude (lying, cheating, or stealing)
- Conviction of any Class 1 or Class 2 misdemeanor within the last three years, or the Virginia State Law equivalent of a Class 1 or Class 2 misdemeanor within the last 3 years.
- Conviction of initiating a false alarm as an adult
- Conviction of an arson or arson related crime
- Commission of undetected crimes of a serious or repetitive nature.

Traffic Violations

- Three or more negative points on a Virginia Operator's License.
- Any conviction of driving under the influence of drugs or alcohol, refusal to take blood or breath tests, reckless driving, eluding police, racing, leaving the scene of an accident or any suspension of driving privileges within the last 5 years

Drugs

- Illegal possession or sale of marijuana or a derivative thereof within the last 12-month time frame.
- Illegal possession or sale of non-prescription narcotics, controlled substances or illegal drugs (such as heroin, cocaine, hallucinogens or any other schedule 1 or 2 drug, or any derivative thereof, as defined in the Code of Virginia), within the last 5-year time frame
- Current illegal or improper use of any controlled substance including, but not limited to, marijuana and anabolic steroids

Other

- Dishonorable discharge from any military service
- Untruthfulness, the withholding of information, deliberate inaccuracies, or incomplete statements on any application, interview or paperwork, or cheating on any examination or testing associated with the selection process

NOTE: The list indicated above is **NOT** intended to be an exhaustive listing of background disqualifiers, which means an applicant may be disqualified for other concerns. Other areas of concern will be evaluated on a case-by-case basis, which may include, but are not limited to the following:

- Patterns of reckless or irresponsible driving;
- Illegal drug possession that does not fall within the parameters defined above,
- Less than honorable military discharge;
- Erratic work record;
- Unfavorable employment references.

APPLICATION CHECK LIST

- Completed Application for Membership and Personal Data

- Completed Authorization for Release of Information form

- Complete Section III of the Criminal History and/or Sex Offender and Crimes Against Minors Registry Search form.

- Complete the Member Profile information

- Provide a copy of your Virginia Department of Motor Vehicle (DMV) driving record that is current within thirty (30) calendar days of submitting the application for membership. (A copy of your driving record may be obtained online at <http://www.dmv.state.va.us> or by visiting your local DMV office. The cost is \$8.00.)

- Provide a copy of your high school diploma or GED.

PLEASE NOTE:

Incomplete applications may be discarded at the discretion of the Smithfield Volunteer Fire Department.

SMITHFIELD VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP AND PERSONAL DATA

NAME:		
ADDRESS:		
DATE OF BIRTH	SOCIAL SECURITY NO.	TELEPHONE # HOME AND WORK
		HOME: WORK:
BLOOD TYPE	MEDIC ALERT	ALLERGIES

HIGH SCHOOL	
TRADE SCHOOL	
GED	
COLLEGE (MAJOR)	
DEGREE RECEIVED	

FIRE DEPARTMENT EXPERIENCE

NUMBER OF YEARS: _____

	I	II	III	IV	V	VI
FIRE FIGHTER						
INSTRUCTOR						
OFFICER						

EMPLOYMENT BACKGROUND

OCCUPATION	
COMPANY	
ADDRESS	
WORK TELEPHONE	
EMPLOYED HOW LONG	

I HAVE A VA. DRIVER'S LICENSE (PROVIDE LICENSE #)	YES _____	I AM AVAILABLE FOR DUTY AT THE FOLLOWING TIMES	_____
	NO _____		_____

TWO PERSONAL REFERENCES

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

IN CASE OF EMERGENCY, NOTIFY: _____ PHONE # _____

DATE RECEIVED BY SVFD: _____

SMITHFIELD VOLUNTEER FIRE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, and Medical Association

Any Academic Dean, Registrar, Principal, or authorized person at any: School, College, University, Business School, Trade School, High School, or Elementary School;

Any Local, State, or Federal Law-Enforcement Agency

Any Past or Present Employer

I, _____, Address _____ have applied for membership with the Smithfield Volunteer Fire Department or I am a current member of the fire department. I am aware that a background check may be performed from time to time. I hereby authorize and request the release of any documents, records or information in your custody to the Smithfield Volunteer Fire Department upon presentation of this release or copy thereof. This authorization also includes permission to release all records from the Virginia Department of Motor Vehicles for any current member or persons applying for new membership.

Date of Birth _____ Place of Birth _____

Social Security Number _____


Witness (Chief or President)


Signature / Date

**NAME SEARCH REQUEST FORM FOR
CRIMINAL HISTORY RECORD AND/OR
SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH**

PLEASE FOLLOW INSTRUCTIONS ON REVERSE OF FORM TO ENSURE REQUEST CAN BE PROCESSED
PERSONAL CHECKS NOT ACCEPTED

I. CHECK METHOD OF PAYMENT — **"NO CHARGE" FOR VOLUNTEER FIRE DEPARTMENT**

State Police Charge Account # _____ MasterCard  Account Number: _____

Paid \$ _____ Total Enclosed Visa  Expiration Date: _____

Signature of Cardholder: _____

II. Select type name search(es) requested:

Criminal History Record \$15.00 \$8.00 *NONPROFIT

Sex Offender & Crimes Against Minors Registry \$15.00 \$8.00 ORGANIZATION/

Criminal History Record and Sex Offender & Crimes Against Minors Registry \$20.00 \$16.00 VOLUNTEER

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

*** III. Print Clearly Name to be Searched:**

Last Name	First	Middle	Maiden	Sex	Race	Date of Birth (mm/dd/yyyy)
						/ /
Complete Address						Social Security Number
						/ /
City	State		Zip code			

I certify I am entitled by law to receive the requested record, and the record provided shall be used only for the screening of current or prospective employees or volunteers. 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 2 misdemeanor.

IV. Agency, Individual or Agent Making Request:

Complete only for Criminal History Search

MAIL REPLY TO:

NAME		
FIRE CHIEF, SMITHFIELD VFD		
STREET/RFD		
P.O. BOX 117		
CITY	STATE	ZIP CODE
SMITHFIELD	VA	23431

V. Purpose of Search

Child Day Care

Adult Day Care or Adult Care Residence

Nursing Home or Home Health

Foster Care

Domestic Adoption

International Adoption

Other (Specify) **APPLICANT FOR THE SMITHFIELD VFD**

Date of Request _____ Signature of Person Making Request _____ Printed Name _____

VI. Complete for Sex Offender & Crimes Against Minors Registry Search (See instructions for explanation)

Check appropriate block to describe the purpose for the Sex Offender & Crimes Against Minors Registry Search:

Employment Child or Adult Care Volunteer Services Child Protection

Public Protection Child Minding Day Care

(DO NOT WRITE IN THIS SPACE, CCRE USE ONLY)

RESPONSE(S) BASED ON COMPARISON OF REQUESTER FURNISHED INFORMATION AGAINST A MASTER ADULT NAME INDEX FILE MAINTAINED IN THE CENTRAL CRIMINAL RECORDS EXCHANGE ONLY.

***ALL RESULTS ARE BASED ON NAME SEARCH ONLY.**

NO CONVICTION DATA NO CRIMINAL RECORD NO SEX OFFENDER REGISTRATION

*DOES NOT PRECLUDE THE EXISTENCE OF RECORD EXISTING UNDER DIFFERENT NAME DATA THAN FURNISHED BY THE REQUESTER

Date: _____ By: CCRE/

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
Please read the following General Instructions

SUBMIT 2 COPIES; either both original ink, or 1 original and 1 photocopy

- Section I: Method of Payment: Certified Check, Money Order, Company/Business check, Mastercard or Visa
For charge account: Record charge account number issued by State Police
- Section II: Check type of name search(es) requested.
- Section III: Type or print CLEARLY the full name (last, first, middle [no initials] and maiden if applicable), sex, race, date of birth, and complete address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry
- Section IV: Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results, therefore, type or print CLEARLY. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal record name search
- Section V: Purpose of Search: Check the appropriate box to reflect the purpose of the search.
Dissemination of criminal history records are processed in accordance with Section 19.2-389 of the Code governing the program for which the search is requested For adult programs, criminal history record dissemination includes convictions of specific barrier crimes.
- Sections VI: Sex Offenders and Crimes Against Minors Registry Search
Section 9 1-912 of the Code of Virginia requires the requester to provide a statement of the reason(s) for the request, therefore, please check the appropriate block. The results of this search will indicate if an individual is registered for conviction(s) listed below, including substantially similar out-of-state conviction as a nonresident of the Commonwealth enrolled in school, employed and/or a vocation.

<p>1. "Sexually Violent Offense" means a Violation or Attempted Violation of:</p> <table border="0"> <thead> <tr> <th><u>Charge</u></th> <th><u>Section</u></th> </tr> </thead> <tbody> <tr><td>Abduction for Immoral Purpose</td><td>18.2-48(ii)</td></tr> <tr><td>Rape</td><td>18.2-61</td></tr> <tr><td>Forcible Sodomy</td><td>18.2-67.1</td></tr> <tr><td>Object Sexual Penetration</td><td>18.2-67.2</td></tr> <tr><td>Aggravated Sexual Battery</td><td>18.2-67.3</td></tr> <tr><td>Attempted Rape, Forcible Sodomy Object</td><td></td></tr> <tr><td>Sexual Penetration, Aggravated Sexual Battery</td><td>18.2-67.5 (A)(B)</td></tr> <tr><td>Taking Indecent Liberties with Minor</td><td>18.2-370</td></tr> <tr><td>Taking Indecent Liberties with Minor by Person in Custodial or Supervisory Relationship</td><td>18.2-370.1</td></tr> </tbody> </table> <p align="center">OR</p> <p>A SECOND or subsequent conviction, where the individual was at liberty between such convictions, of the follow:</p> <table border="0"> <tbody> <tr><td>Camal Knowledge of Minor between 13-15</td><td>18.2-63</td></tr> <tr><td>Camal knowledge of Minor between 13-15 of Supervisory Relationship</td><td>18.2-64.1</td></tr> <tr><td>Marital Sexual Assault</td><td>18.2-67.2:1</td></tr> <tr><td>Enter Dwelling House etc with intent to Rape</td><td>18.2-90</td></tr> </tbody> </table> <p align="center">OR</p> <p>A SECOND or subsequent conviction, where the individual was at liberty between such convictions, and where the victim is a minor or is physically helpless or mentally incapacitated as defined in 18.2-67.10, a violation or attempted violation of:</p> <table border="0"> <tbody> <tr><td>Abduction</td><td>18.2-47(A)</td></tr> <tr><td>Abduction of any Child under 16 for the Purposes of Concubinage or Prostitution</td><td>18.2-48 @ (iii)</td></tr> <tr><td>Sexual Battery</td><td>18.2-67.4</td></tr> <tr><td>Attempted Sexual Battery</td><td>18.2-67.5 (C)</td></tr> <tr><td>Crimes against nature (Sodomy)</td><td>18.2-361</td></tr> <tr><td>Adultery & Fornication by Person Forbidden to Marry: Incest</td><td>18.2-366</td></tr> <tr><td>Production, Publication, Sale, Possession with intent to Distribute, Financing, etc of Child Pornography</td><td>18.2-374.1</td></tr> </tbody> </table>	<u>Charge</u>	<u>Section</u>	Abduction for Immoral Purpose	18.2-48(ii)	Rape	18.2-61	Forcible Sodomy	18.2-67.1	Object Sexual Penetration	18.2-67.2	Aggravated Sexual Battery	18.2-67.3	Attempted Rape, Forcible Sodomy Object		Sexual Penetration, Aggravated Sexual Battery	18.2-67.5 (A)(B)	Taking Indecent Liberties with Minor	18.2-370	Taking Indecent Liberties with Minor by Person in Custodial or Supervisory Relationship	18.2-370.1	Camal Knowledge of Minor between 13-15	18.2-63	Camal knowledge of Minor between 13-15 of Supervisory Relationship	18.2-64.1	Marital Sexual Assault	18.2-67.2:1	Enter Dwelling House etc with intent to Rape	18.2-90	Abduction	18.2-47(A)	Abduction of any Child under 16 for the Purposes of Concubinage or Prostitution	18.2-48 @ (iii)	Sexual Battery	18.2-67.4	Attempted Sexual Battery	18.2-67.5 (C)	Crimes against nature (Sodomy)	18.2-361	Adultery & Fornication by Person Forbidden to Marry: Incest	18.2-366	Production, Publication, Sale, Possession with intent to Distribute, Financing, etc of Child Pornography	18.2-374.1	<p>2. 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Mailing Instructions:

Mail to: DEPARTMENT OF STATE POLICE
CENTRAL CRIMINAL RECORDS EXCHANGE
P. O. BOX 85076
RICHMOND, VIRGINIA 23261-5076

ALLOW FIFTEEN DAYS FOR PROCESSING

Dept. # _____
(to be filled in by the dept.)

SMITHFIELD VOLUNTEER FIRE DEPARTMENT

Member Profile

Last Name: _____

First Name: _____

Mi: _____

Home Address: _____

Zip Code: _____

Social Security # _____ / DRIVER'S LICENSE # _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Other Phone #'s: _____

e-mail address: _____

Next of kin or person to notify in case of emergency: _____

Address: _____
(if different from yours)

Phone ###'s: _____
(include area code if not 757)

