



## **Application Materials**

### **Arlington County Fire Department Volunteer Program**

**Administered by**

**Arlington County Fire & Rescue Association  
P.O. Box 7183  
Arlington, VA 22207  
VolunteerFireEMS@aol.com  
www.ACFRA.org**

**Arlington County, Virginia  
Fire Department Volunteer Application  
Instructions**

The forms provided in this application package are required to process your application for membership in a member company of the Arlington County Fire & Rescue Association (ACFRA) and participation in volunteer activities within the Arlington County Fire Department (ACFD). Complete all required forms and return to the volunteer fire company to which you have applied for membership. All forms must be typewritten or written legibly in block print using dark blue or black ink. All submitted documents must be originals. The following items comprise the application package:

- Application for Volunteer Membership (ACFRA Form 1)
- Medical Certification/Survey (ACFRA Form 2)
- Authorization for Motor Vehicle Record and Criminal History Check (ACFRA Form 3)
- Employee Data Form (ACFRA Form 4)
- Hepatitis B Vaccination Authorization (ACFRA Form 5)
- Insurance Beneficiary Designation (ACFRA Form 6)
- Application Checkoff Sheet (ACFRA Form 7)
- Application Cover Sheet (ACFRA Form 8)
- Arlington County Police Department Criminal Record Check
- Driving Record (from state where licensed)
- Credit Report
- Letter of Reference

**All applicants must submit the following:**

- ACFRA Form 1
- ACFRA Form 3
- ACFRA Form 4
- ACFRA Form 6
- ACFRA Form 7
- ACFRA Form 8
- ACPD Criminal Record Check
- Credit Report
- Letter of Reference

**Operational personnel (i.e., firefighters and emergency medical technicians) must also submit the following:**

- ACFRA Form 2
- ACFRA Form 5
- Driving Record (from state where licensed)

**Applicants for administrative and/or training positions must also submit a driving record if they are expected to drive any fire department vehicles.**

## **Specific instructions for each form:**

### **Application Check-off Sheet (ACFRA Form 7)**

Fill in your name in the “Applicant Name” box. The remainder of this form will be completed by the authorized representative of the member company.

### **Application for Volunteer Membership (ACFRA Form 1)**

Fill in the requested personal information on the top half of the form. Include area codes for all phone numbers provided. Check all applicable boxes for program(s) desired. Leave the bottom section blank. This section will be completed by the Chief of the respective member company (or his/her designee).

### **Medical Certification/Survey (ACFRA Form 2)**

This form must be completed and signed by both the applicant and a licensed physician (MD or DO). You and your medical care provider must be able to attest to your fitness to perform the duties required of a firefighter and/or emergency medical technician without reservation or restriction. You and your medical care provider must also attest to your past and present state of health. Any falsification, misrepresentation or omission can lead to rejection of any and all medical claims for such undisclosed conditions and may result in disqualifications from participation in the volunteer program.

### **Authorization for Motor Vehicle Records and Criminal History Check (ACFRA Form 3)**

Read this form carefully, fill out, and sign. This form authorizes the Arlington County Fire Marshal to obtain personal information about you, including criminal history information, driving record, and employment verification, if warranted.

### **Employee Data Form (ACFRA Form 4)**

Fill in the requested personal information. Include area codes for all phone numbers provided. Leave the DID# (Badge#) box blank.

### **Hepatitis B Vaccination Authorization (ACFRA Form 5)**

Read this form carefully, check the appropriate box, and sign. Your signature on this form attests to your notification of your rights under the US Occupational Safety and Health Administration regulation governing “Occupational Exposure to Bloodborne Pathogens” (29 CFR 1910.1030)

### **Insurance Beneficiary Form (ACFRA Form 6)**

Read this information carefully, fill out, and sign.

### **Arlington County Police Department Criminal Record Check**

This is obtained from the Arlington County Police Department (ACPD). Applicants must present themselves at the ACPD records department, located at 1425 N. Courthouse Road, 2<sup>nd</sup> floor, Arlington, Va., during the hours of 7:30am and 5:30pm, Monday through Friday, excluding holidays. Advise the clerk that you require a criminal background check

for participation in volunteer activities with the ACFD. Applicants will obtain a form requesting basic personal information (e.g., name, address, date of birth, social security number, etc.). This form must be returned to the clerk along with a valid photo identification card, such as a driver's license or passport. This process takes approximately fifteen (15) minutes. Upon completion of the criminal history check, the clerk will issue a stamped and signed copy of the criminal record form. This original form must be submitted with the other application materials in this package.

### **Driving Record (from state where licensed)**

Applicants are responsible for obtaining a current driving record from the motor vehicle agency in the state in which they are licensed to drive. For Virginia drivers, this may be obtained from the Department of Motor Vehicles (DMV) at any of the local service centers. The Arlington DMV is located at 4150 S. Four Mile Run Drive.

### **Credit Report**

Applicants are responsible for obtaining a current copy of their credit report from Equifax Credit Services. A report can be obtained for a nominal fee by contacting Equifax at:

Equifax Credit Information Services, Inc.  
PO Box 740241  
Atlanta, GA 30374  
[www.econsumer.equifax.com](http://www.econsumer.equifax.com)

### **Letter of Reference**

Applicants must include a letter of reference from someone who is not a member of their immediate family. Ideally, this individual will attest to the applicant's character, dependability and enthusiasm. If the applicant has served as a member of a volunteer fire department or rescue squad, the reference letter must be provided by that organization.

**Arlington County, Virginia  
Fire Department Volunteer Application  
Check-off Sheet**

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<b>Applicant Name</b>	
<b>Member Company</b>	
<b>Membership Type</b>	
<b>Submitted by</b>	

**Items Included:**

- Application for Volunteer Membership (ACFRA Form 1)**
- Medical Certification/Survey (ACFRA Form 2)**
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- Driving Record (from state where licensed)**
- Credit Report**
- Letter of Reference**

Applicants for operational status must have all items attached.

Applicants for Administrative status are not required to submit:

- ACFRA Form 2
- ACFRA Form 5
- Driving Record (unless they are expected to be driving any fire department equipment)

**Arlington County, Virginia  
Fire Department Volunteer Application  
Application for Volunteer Membership**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street Apt. #  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you a United States citizen?

- Yes
- No

If not, do you have a current work permit or student visa?

- Yes (If yes, please provide a copy of the applicable documents)
- No

Applicant for entry into the program(s) indicated below:

Operations Personnel:

- Firefighter
- Emergency Medical Technician

Administrative/Training Personnel:

- Fire Service Instructor
- Fire Safety Educator
- Fire Safety Inspector
- General Administrative Member

Do Not Fill Below This Line

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***Volunteer Chief's Certification Statement***

I certify that the individual named above is a member in good standing of this volunteer fire company. This member's name will be certified to the Clerk of the Court of Arlington County, and to the Arlington County Fire & Rescue Association.

\_\_\_\_\_, Chief

\_\_\_\_\_ Fire Department, Company # \_\_\_\_\_

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





**Arlington County, Virginia  
Fire Department Volunteer Application  
Employee Data Form**

Last Name	First Name	Middle Name
DID# (Badge #)	Station Assigned	Rank Volunteer
Social Security Number	Date of Birth	Place of Birth
Home Address	Home City & State	Home Zip Code
Home Phone Number	Work Phone Number	Cellular Phone Number
Pager Phone Number	Fax Phone Number	E-mail Address
Weight (lb.)	Height (ft, in)	Sex
Hair Color	Eye Color	Race
Religion	Blood Type	Allergies
Medical Conditions	Distinguishing Marks	Special Skills
Driver's License Number	Driver's License State	Driver's License Class
Emergency Contact Name		Relationship to Contact
Contact Address	Contact City & State	Contact Zip Code
Contact Home Phone	Contact Work Phone	Contact Cellular Phone Number
Contact Pager Phone Number	Alternate Emergency Contact	Alternate Contact Phone Num.

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

Update to Previous Form? (Y/N) \_\_\_\_\_



**Arlington County, Virginia  
Fire Department Volunteer Application  
Insurance Beneficiary Designation**

**Beneficiary Designation for Accident & Sickness Policy**

Complete this block each time this form is used – Please Print

Name of Organization: Arlington County Fire and Rescue Association

Member's/Employee's Name: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_ Date Member Joined Organization: \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

**Primary**

Beneficiary: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

**Contingent**

Beneficiary: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

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

This form should be retained in the files of your department or organization

**Specifying Beneficiaries**

Individual (always show relationship to the insured)	* Primary Beneficiary	** Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, Son, 100%	(leave blank)
Two Primary Beneficiaries and one Contingent Beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiaries and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hayes Jones, mother, 50%
Unequal distribution (always as percentages)	Grace Hays Jones, mother, 50% Marie Jones Ford, sister, 25% John Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Unsure's Estate	Executors or Administrators of the insured	(leave blank)	(leave blank)

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.