Board of Supervisors
William E. Melton Chairman
Laurence J. Nordvig Vice Chairman
Angela Y. Cabell
Carson L. Tucker
David T. Williams

Fire and Rescue Chief
Steven A. Singer

The County Of
Powhatan

Dear Applicant,

Thank you for your interest in joining our outstanding team of dedicated and professional volunteers here in Powhatan County.

We are looking for motivated and enthusiastic volunteers who have a sincere passion about emergency services work. We want people who will consistently reflect the values of our Department in their daily activities and to be positive role models in our community.

If you are looking to join a talented and diverse organization, then we are looking for you.

Thank you for your interest.

Sincerely,

Steven A. Singer
Fire and Rescue Chief
County of Powhatan
804-598-5646 ssinger@powhatanva.gov

3910 Old Buckingham Road · Suite C · Powhatan, VA 23139
Phone: 804-598-5646
Fax: 804-598-1739
Website: www.powhatanva.gov

Powhatan County Fire & Rescue
Application Checklist

Please make sure you have completed all of the required information enclosed in this application packet. Use this checklist to assist you in gathering all the necessary information. The completed application should be turned in to the Fire & EMS Office.

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1) Application: The application must be signed and filled out completely by the applicant. Please print when filling out the application. Applicants under the age of eighteen (18) must complete the parental permission form.

   Check when complete _____

2) Criminal Background Check for Volunteers: All prospective members must be fingerprinted at the Powhatan County Sheriff's Office. The office is located downstairs at the Courthouse Building. The best days are any Tuesday or Thursday from 8a.m.-5p.m. or after 3 p.m. on Wednesday or Friday. If you stop by during days or times not listed you may just have to wait for a road deputy to be available.

   Check when complete _____

3) Beneficiary Card: The beneficiary card is very important because it informs the fire department that you want the insurance company to pay death benefits to the designated person. The card must be filled out completely and signed by the applicant.

   Check when complete _____

4) Hepatitis B Form: If the applicant wishes to participate in this program funded by the fire department they are asked to make arrangements with the Health Department and take this form with them to start the Hepatitis B 3- shot series (**after they have been voted in**) along with a titer. If the applicant does not wish to participate they are asked to sign the waiver on line 6 of this form. Attach a copy if the shots have already been completed.

   Check when complete _____

Powhatan County Fire & EMS
Steven A. Singer, Fire Chief

www.powhatanva.gov

THE COUNTY OF
POWHATAN
VIRGINIA

3910-C Old Buckingham Road
Powhatan, Virginia 23139

Tel 804.598.5646
Fax 804.598.1739

POWHATAN COUNTY FIRE AND RESCUE DEPARTMENT
VOLUNTEER APPLICATION

Applying for membership with:

Co. 1- Courthouse ☐ Co. 4 – Fine Creek ☐

Co. 2 – Huguenot ☐ Co. 5 – Deep Creek ☐

Co. 3 – Macon ☐ Pow. Vol. Rescue ☐

GENERAL INFORMATION

Name: _____
Last First MI

Physical Address: _____

Phone Number: Home _____ Cell _____

Cell Phone Service through which Company? _____

E-Mail Address: _____

Date of Birth (if under 18): _____ Last 4 digits of SSN: _____

Driver License Number: _____ Expiration: _____

Positon Applying: Firefighter ☐ EMS ☐ Both ☐ Auxiliary/Associate ☐

PERFORMANCE INFORMATION

Are you capable of performing the essential functions of the position for which you are applying without accommodation? Yes ☐ No ☐

With accommodation? Yes ☐ No ☐

THE COUNTY OF
POWHATAN
VIRGINIA

REFERENCES

Please provide names of three persons other than former employers and relatives who have known you for at least three years and who have knowledge of your character, experience and abilities.

Name: _____ Phone:_____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone:_____

Address: _____

EMERGENCY CONTACTS

Name: _____ Phone _____

Relationship: _____

Name: _____ Phone _____

Relationship: _____

THE COUNTY OF
POWHATAN
VIRGINIA

EMPLOYMENT AND EXPERIENCE

Present Employer: _____

Occupation: _____

Address: _____

Phone: _____ May we contact your current employer? YES ☐ NO ☐

Have you ever been affiliated with the Powhatan County Fire and Rescue Department or any other fire and rescue department? YES ☐ NO ☐

If yes, where? _____

Dates affiliated? _____ To _____

Reason for Leaving?

Please list AND provide copies of any certifications that may be relevant to the position for which you are applying:

AFFIRMATION

I hereby affirm and certify that this application is true and accurate, to the best of my knowledge.

Applicant Signature: _____ Date: _____

THE COUNTY OF
POWHATAN
VIRGINIA

COMPANY APPROVAL

Company _____ Approve ☐ / Disapprove ☐

1st Reading Date_____ 2nd Reading Date_____

_____ _____

Signature of District Chief, Assistant District Chief, or President Date

Powhatan County Fire and Rescue
Driving Record/ Transcripts
Authorization Form

Pursuant to the Virginia Privacy Protection Act of 1976, you are hereby notified that you are not legally required to provide the information requested on this form. However, unless you provide the information requested on this form, you will not be allowed to operate any licensed vehicle for County business purposes. The operation of motor vehicles on County business is a privilege and not a right and that privilege may be suspended or revoked any time. If your position requires you to drive a licensed vehicle on a regular basis, and you are not allowed to operate a licensed vehicle because of your failure to provide this information, you will be subject to disciplinary action, up to and including termination. The information which you provide on this form will not be provided to any entity outside of Powhatan County Fire and Rescue, except that the information will be provided to the Virginia Department of Motor Vehicles, or its equivalent in the state in which you are licensed, in order to obtain information about your driving record.

Please complete the following:

Name: _____

Department: Powhatan County Fire and Rescue Department

Driver's License Number: _____

State Issuing Driver's License: _____

I hereby authorize the Powhatan County Department of Fire and Rescue, to obtain annually throughout my membership/employment from the Department of Motor Vehicles, a transcript of my driving record.

Signature:_____

Date:_____

BENEFICIARY DESIGNATION

☒ HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
☐ HARTFORD LIFE INSURANCE COMPANY
☐ HARTFORD FIRE INSURANCE COMPANY

Policyholder Powhatan County Fire Department

Policy No, 14-VP-840530

Insured Person's Name

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

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

Date

(Signature of Insured Person)

Form PA-2218-5 (Please Print or Type all but Signature)

Powhatan County Fire Department

Parental Permission Form

This is to certify that I/we, the undersigned, are parents/legal guardians of _____, who is_____ years of age. We are aware that he/she will be participating as a Juvenile Firefighter in the Powhatan County Fire Department. I/We give my/our permission for him/her to participate in all activities of the Department not excluded by the Standard Operating Procedure.

_____ _____
Parent/Legal Guardian Date

_____ _____
Parent/Legal Guardian Date

ORDINANCE

Pursuant to Virginia Code #40.1-79.1

It is ordained by the Board of Supervisors of this County of Powhatan, Virginia, that any person who is sixteen years of age or older after first obtaining his or her parent approval, in writing, is authorized to work or to participate fully in all activities of a Volunteer Fire Company, provided such person has attained Certification under National Fire Protection Association 1001, Level One, Fire Fighters Standards as administered by the Virginia Department of Fire Programs.

The Certification record and parental or guardian consent shall be kept on file in the office of the Volunteer Fire Company for each participant who is enrolled in the Fire Company pursuant to this ordinance.

This Ordinance is Effective AUGUST 9, 1982.

POWHATAN COUNTY FIRE DEPARTMENT
HEPATITIS B VACCINE CONSENT FORM

This form should be taken to the Health Dept. and they will send to Fire Admin once completed.

DO NOT HAVE THIS DONE UNTIL YOU HAVE BEEN APPROVED FOR MEMBERSHIP

Hepatitis B is a serious public health problem that affects people of all ages. The Hepatitis B virus infection can lead to severe illness, liver damage, and in some cases, death. Hepatitis B is found in blood and body fluids of persons infected with Hepatitis B. Contact with even small amounts of infected blood or body fluids can cause you to become infected. Powhatan County Fire Department will offer all members the 3 Hepatitis B Vaccines and titer testing.

1. _____ **I will comply with this recommendation by accepting the Hepatitis B vaccine. I understand that it is my responsibility to receive all three vaccines as well as the test to confirm that I have the accepted level of immunity. I may go to the Health Department on any Tuesday between the hours of 8:45 a.m. and 10:30 a.m. as a walk-in patient to receive this vaccine. Or I may contact the Health Department at 598-5680 to schedule all three of my vaccines as well as the test to confirm that I have the excepted level of immunity.**

_____ _____
Signature **Date**

2. _____ Vaccine Administered:

_____ _____
Signature of Administering Physician/Nurse Date

3. _____ Vaccine Administered:

_____ _____
Signature of Administering Physician/Nurse Date

4. _____ Vaccine Administered:

_____ _____
Signature of Administering Physician/Nurse Date

5. _____ Test Administered:

_____ _____
Signature of Administering Physician/Nurse Date

_____ _____
Results Date

****

6. _____ **I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.**

_____ _____
Signature **Date**