



**Volunteer Membership
Application Packet for
Hanover Fire•EMS**



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.



Hanover Fire•EMS Volunteer Membership Application

| | |
|--|---|
| Name: | |
| Address: | |
| Home: | Social Security Number (Required by OEMS)*: Date of Birth: |
| Cellular: | |
| Work: | |
| Email: | |
| State of Residency for Driver's License: | Driver's License Number**: |
| Employer: | Occupation/Title: |
| Employer's Address: | Employer's Telephone: |
| High School: | Level Completed: |
| College: | Level Completed: |
| Other: | Level Completed: |

* Office of EMS (OEMS) requires all applicants after July 1, 2014 to be fingerprinted for their background check. Fingerprinting will be coordinated by Cris Leonard at 804-365-4843.

** For insurance records, we will request a copy of your Driving Record

Which volunteer Fire Company or Rescue Squad do you wish to join? (Check/Click One)

- Ashland #1 Beaverdam #2 Eastern Hanover #3 Doswell #4
- 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 Community Emergency Response Team (CERT)

As a member, which would you be most interested in? (Check/Click One)

- Patient Care Fire Suppression Auxiliary Support Services

Which duty shifts most interest you? (Check/Click One)

- 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 have:

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

If so, please list the name(s) of previous organizations:

- 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 Fire•EMS Department and what alerted you to our search for new members at this time?

Have you been convicted in the last five (5) years of any criminal violation(s)? Yes No

If yes, please list year(s) and type of violation(s)?

Training / Certifications: Please provide copies of any current Fire and/or EMS certifications

REFERENCES

Please provide us with three (3) references that are not living with you. Please do not include family member or our current fire or EMS members. References must be at least eighteen (18) years of age. Each reference will need to fill out a copy of the attached reference form.

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



Beneficiary Designation (Hartford 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.

BENEFICIARY DESIGNATION

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

Policyholder: Hanover County Policy Number: 14VP905088
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



Volunteer Membership Reference Form (Three (3) Required)

Applicant Applying Membership with:

- Ashland #1 Beaverdam #2 Eastern Hanover #3 Doswell #4
- 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 Community Emergency Response Team (CERT)

_____ has applied for membership with the above named Hanover County Fire•EMS Department 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•EMS Administration.

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:

- A. Trustworthy Excellent Good Fair Poor Notes: _____
- B. Loyalty Excellent Good Fair Poor Notes: _____
- C. Reliable Excellent Good Fair Poor Notes: _____
- D. Punctual Excellent Good Fair Poor Notes: _____
- E. Attitude Excellent Good Fair Poor Notes: _____
- F. Integrity Excellent Good Fair Poor Notes: _____

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

5. Please comment on how you feel the applicant would perform as a fire or EMS member?

6. How well does the applicant work with others?

7. Additional Comments: _____

Your Name: _____

Date: _____

Address: _____

Phone: _____

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

Please return to: Hanover County Fire•EMS Department
Attention: Membership Coordinator
PO Box 470
Hanover, VA 23069

Or email to: jcleonard@hanovercounty.gov



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 an “entry” certified member does not successfully complete the physical examination they will be allowed to maintain blue helmet status under certain guidelines. If an EMS 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: _____

Date of Birth: _____

Emergency Contact Name: _____ Phone: _____

Physical Type: Blue Helmet/Non-Entry Yellow Helmet EMS Only

Scheduling Preference:

Please indicate dates and times of availability (please allow 1-2 hours for your exam, Occupational Health hours are 8:00-4:00). 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 can be billed \$100.00 if I fail to attend and do not cancel my appointment more than twenty-four (24) hours prior to the exam time.**

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

Signature

Date

Parent or Legal Guardian Signature

Date



Hepatitis B Vaccination - Declination

Hanover Fire•EMS offers all its volunteers the opportunity to receive the vaccination series for Hepatitis B. This series consists of 3 vaccinations: the initial vaccination, a second injection 1 month later, and a third 4 – 6 months after the second injection.

These injections are offered at no charge to our volunteers at our Occupational Health Provider located at Parham Doctor’s Hospital, 7700 E Parham Rd, Richmond, VA 23294.

These vaccinations are OPTIONAL. If you would like to receive this vaccination, it will be given at the time of your employment physical.

If you decline, please read below and take with you to your physical:

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 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 material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. If you are under the age of eighteen (18), a parent/legal guardian must sign this declination form.

Printed Name: _____

Date: _____

Signature: _____

Date: _____

*Person signing must be eighteen (18) years or older



Confidentiality Statement for Non-County Employees- Computer Access

| | |
|------------------------------------|------------------------------|
| Name: | Department: Fire•EMS |
| Temp Job Class: Emergency Response | 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: _____



Optional Information: May be completed for our records management system demographics and reporting requests. **This information is not required by the applicant;** but may be useful to the department in volunteer recruitment and retention efforts.

Gender: _____

Race: _____

Religion: _____

Marital Status: _____

Number of Children: _____