McGaheysville Volunteer Fire Company, Inc. 80 Stover Drive McGaheysville, VA 22840



Dear Applicant:

Thank you for your interest in joining the McGaheysville Volunteer Fire Company. MVFC is a volunteer organization that is dedicated to providing the best fire protection and emergency medical services to the residents of the Eastern Rockingham County, including Massanutten Resort and the McGaheysville community. Our service area is large and we are always looking for new members to lend a hand in meeting the needs of the community.

The community depends on our organization to respond in their time of need. This responsibility is a big one that takes time, skill, desire and dedication to perform under difficult conditions. Our dedicated team of volunteers responds to over 800 calls for help annually. By filling out this application you are taking the first step towards becoming one of these remarkable individuals.

Membership in this organization requires commitment and dedication. Members are expected to give freely of their time to answer emergency calls. Training required to fulfill this commitment will be provided by the fire company. We ask that new members enroll in the basic Firefighter 1 course (or an Emergency Medical Technician course if interested only in EMS services) within one year of joining.

In addition, we have numerous fundraisers throughout the year where our members are expected to participate. One large fundraiser for our department is the annual Fireman's Carnival, held at the end of July. It is very important for new members to participate in these fundraisers as it provides the opportunity to meet the officers and other members outside of answering emergency calls.

McGaheysville Volunteer Fire Company holds its monthly business meetings on the 1st Tuesday of every month at which time your application will be read and voted on by our membership. If you have questions or concerns regarding the application process, please feel free to contact any member of the membership committee. We also require membership dues of \$5.00 per year which should accompany your application.

We encourage you to spend some time at our station to familiarize yourself with our station, equipment and personnel. If you have any questions about your application or our organization, please feel to stop by the fire station or call us. Thank you again for your interest in joining and we look forward to working with you.

Sincerely,

McGaheysville Volunteer Fire Company Membership Committee McGaheysville Volunteer Fire Company is a licensed EMS agency in Virginia. Pursuant to § 32.1-111.5, each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an emergency medical services (EMS) agency must submit fingerprints and provide personal descriptive information to be forwarded by the Office of EMS (Office) along with his fingerprints through the Central Criminal Records Exchange (CCRE) of the Virginia State Police to the Federal Bureau of Investigation, for the purpose of conducting a state and national criminal history check.

The CCRE shall forward the results of the state and national records search to the Office of EMS. It will be the responsibility of the Office of EMS, based on EMS Personnel requirements outlined in the EMS Regulations (12VAC5-31-910) to determine if each person is eligible for certification and/or affiliation with an EMS agency.

Person's failing to cooperate in obtaining criminal history records checks shall be denied application to the McGaheysville Vol Fire Co.

Fingerprinting Process

All members joining a licensed EMS agency must submit to a finger print based criminal history background check and be approved by the OEMS for both affiliation and certification. This includes non EMS certified members such as drivers. There is NOT a grandfather clause to this regulatory change. Affiliated non-certified members that no longer meet eligibility requirements as of November 2, 2018 may not continue affiliation or participate in any way with a licensed EMS agency or onboard a OEMS licensed vehicle.

The Office of EMS, Regulation & Compliance Division will be outsourcing the collection of finger prints for background checks to the state contract vendor, FieldPrint. Fieldprint fingerprinting will go live on January 1, 2020. Once Fieldprint is "live", the Virginia Office of EMS will no longer process paper-based fingerprint cards.

To begin the Fieldprint process, please choose from one of the following selections. You should base your selection on the agency you are seeking to join.

PRIOR to submitting your fingerprints below, All non-certified members (i.e., drivers/firefighters) are required to create an OEMS portal account to obtain a unique 9 digit OEMS # and affiliate in the OEMS portal with their EMS agency! AGENCY #00601

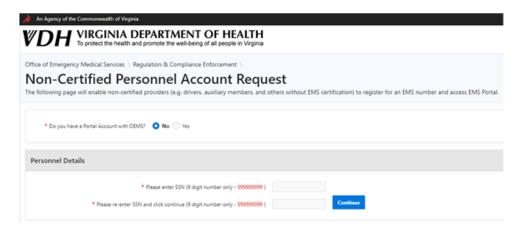
You must provide your personal and unique 9-digit OEMS # when submitting fingerprints to the Office of EMS!

How to Affiliate as Non-EMS Certified Personnel

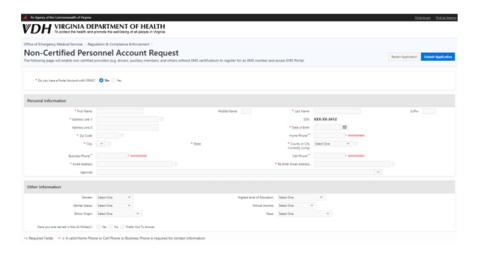
- 1) Click on the provided link: https://vdhems.vdh.virginia.gov/emsapps/f?p=200:16
- 2) Select "No" unless you have a portal account.



3) Enter your social security number.



4) Complete the required information and click "Submit Application".



5) You will receive an email prompting you to finish setting up your account.

Once you have set up your account from the instructions above use the following web address to set up your fingerprints.

https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/





To schedule a fingerprinting appointment, please follow these simple instructions. Your application cannot be finalized and a certification issued until your have completed your fingerprinting through Fieldprint.

- 1. Visit http://fieldprintvirginia.com
- 2. Click on the "Schedule an Appointment" button.
- 3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
- 4. Enter the Fieldprint Code **FPV999NC** when requested.
- 5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
- 6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.

Purpose: This form will be used initially and then annually to conduct and monitor driver record transcripts for employees of the McGaheysville Vol Fire Co.

12VAC5-31-540. Personnel records.

DMV Driver Transcripts Unacceptable

A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification, training and qualifications for the positions held.

B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange and the National Crime Information Center via the Virginia State Police, a driving record transcript from the individual's state Department of Motor Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency.

Requestor Information:			
Name:	SSN	Driver License #	
(First, Middle,Last)			
			1
Street Address:	City:	State / Zip	
Date of Birth:			
	Certification:		
I understand that it is unlawful to use informat requested with this form will be used only for correct, that any documents I have presented accurate. I make this certification and affirmat representation on this form is a criminal violatic confidential. I agree that such information is surprotection Act (18 USC § 2721 et seq.), (2) the provisions of Va. Code §§ 46.2-208 through 21 regard to disclosure or dissemination of any in understand that any violation may result in data.	the stated purpose. I further of the DMV are genuine, and that ion under penalty of perjury a ion. I agree that the information upon Government Data Collection 60, 46.2.212, and 58.1-3, and (formation obtained from DM)	the information included in all support the information included in all support I understand that knowingly making on I obtain in response to my request use and dissemination imposed by (1 and Dissemination Practices Act (Va. Cd.) any successor rules, regulations, or a vecords or files, and I agree to complete.	oresented in this form is true and ring documentation is true and ag a false statement or is considered privileged and .) the Federal Drivers Privacy ode § 2.2-3800 et seq.), (3) the guidelines adopted by DMV with ly with such restrictions and
Requestor Signature:		Date:	
Fire Departr	ment Office Use Only		
DMV Driver Transcripts Acceptable	2		

MEMBERSHIP APPLICATION APPLICANT INFORMATION Full Name: Date of Birth (MM/DD/YYYY): SSN: Home Phone: Cell Phone: **Current Address:** City: State: ZIP Code: Email Address: (Please circle one) Active Member (plan to run calls, over 16 years of age): Inactive Member (do not plan to run calls): **EMPLOYMENT INFORMATION** Current Employer: Employer Address: City: State: ZIP Code: Phone: Supervisor: Position: Previous Employer: Employer Address: ZIP Code: City: State: Phone: Supervisor: Position:

MEMBERSHIP APPLICATION					
EMERGENCY CONTACT					
Name:					
Home Phone:		Cell Phone:			
Address:					
City:	State:		ZIP Code:		
Relationship to Member:					
EDUCATION BACKGROUND					
High School:		Graduation Date:			
College:			Graduation Date:		
Can you read, write & speak English?	Can yo	Can you speak any other language?			
Y N	If yes, p	yes, please explain.			
FIRE/EMS TRAINING					
List ANY emergency training you may have.					
List ALL Fire/Rescue agencies you are currently affiliated with.					
List ALL Fire/Rescue agencies that you have previously been affiliated with and under what circumstances did you leave that organization.					

MEMBERSHIP APPLICATION **REFERENCES** Please list two references that can attest to your character and your ability to work as a member of a team. One of these should be a member of our department who will be present to speak on your behalf if possible. Name: Phone: Name: Phone: **FELONY STATEMENT** I hereby affirm that the above information is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of membership. I further affirm that I have never been convicted of any other felony under the laws of this state or of the United States within the past five years. It is understood that if I am accepted, I shall be required to abide by all rules and regulations of the McGaheysville Volunteer Fire Company and all state and local laws set forth by our state or be subject to dismissal by vote of the membership. I authorize the investigation of my character references, driving record, criminal background, or any other matter contained on this application. **SIGNATURES** Signature of applicant: Date: Signature of Parent: Date: (only if for a person under the age of 18) Proposed By: Date: For Membership Committee Use Only Criminal History Check Ok: Date: Application Received By: _____ Date: ____ \$5.00 Application fee received with application? Yes Application Voted On: Yes No Date: Notification made on (date): Contact Made Message Final Vote: Yes No Notification made on (date): Contact Made Message