

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 1<sup>st</sup> 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.



An Agency of the Commonwealth of Virginia

**VIRGINIA DEPARTMENT OF HEALTH**  
To protect the health and promote the well-being of all people in Virginia

Office of Emergency Medical Services \ Regulation & Compliance Enforcement \

## Non-Certified Personnel Account Request


The following page will enable non-certified providers (e.g. drivers, auxiliary members, and others without EMS certification) to register for an EMS number and access EMS Portal.

☒ Do you have a Portal Account with OEMS?

☐ No

☐ Yes

- 3) Enter your social security number.



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\* Do you have a Portal Account with OEMS?

☒ No ☐ Yes

Personnel Details

\* Please enter SSN (9 digit number only - 999999999)

\* Please re-enter SSN and click continue (9 digit number only - 999999999)

Continue

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

[Go Back to the Emergency Medical Services](#)
[Regulation & Compliance Enforcement](#)

## Non-Certified Personnel Account Request

The following page will enable non-certified providers (e.g. drivers, auxiliary members, and others without EMS certification) to register for an EMS number and access EMS Portal.

[Report Application](#)
[Submit Application](#)

☒ Do you have a Portal Account with OMS? ☒ No ☐ Yes

### Personal Information

\* First Name:  Middle Name:  \* Last Name:  Suffix:   
 \* Address Line 1:  ZIP:   
 Address Line 2:   
 \* Zip Code:  \* State:   
 \* City:  \* Date of Birth:   
 \* Home Phone:  \* County or City Currently Living:   
 \* Business Phone:  \* Cell Phone:   
 \* Email Address:  \* Re Enter Email Address:   
 Agencies:

### Other Information

Gender:  Highest Level of Education:   
 Marital Status:  Annual Income:   
 Ethnic Origin:  Race:

Have you ever served in the US Military? ☐ Yes ☐ No ☐ Prefer Not to Answer

\* Required Fields: \*\* A valid Home Phone or Cell Phone or Business Phone is required for contact information

- 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/>

**I'm joining a  
Career Agency**

**I'm joining a  
Volunteer Agency**

**I'm a student in a  
Virginia EMS program**



To schedule a fingerprinting appointment, please follow these simple instructions. Your application cannot be finalized and a certification issued until you 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.*

*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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address:

City:

State / Zip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

**Certification:**

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2-212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

Requestor Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Fire Department Office Use Only

\_\_\_ DMV Driver Transcripts Acceptable

\_\_\_ DMV Driver Transcripts Unacceptable

## 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:

City:

State:

ZIP Code:

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?  Y N	Can you speak any other language?  If yes, please explain.

### FIRE/EMS TRAINING

List <b>ANY</b> emergency training you may have.
List <b>ALL</b> Fire/Rescue agencies you are currently affiliated with.
List <b>ALL</b> Fire/Rescue agencies that you have previously been affiliated with <b>and</b> 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 : <i>(only if for a person under the age of 18)</i>	Date:
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	No
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Application Voted On:      Yes                  No                  Date: \_\_\_\_\_

Notification made on (date): \_\_\_\_\_

Contact Made	Message
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Final Vote: Yes No

Notification made on (date):

Contact Made	Message
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