

**SUPPORT TEAM  
BLUE RIDGE VOLUNTEER FIRE DEPARTMENT  
1354 BLUE RIDGE SPRINGS ROAD  
PO BOX 898  
BLUE RIDGE, VA 24064  
540-977-2094**

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

ADDRESS (NO PO BOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NEXT OF KIN CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE BLUE RIDGE AREA?

\_\_\_\_\_

LIST RESIDENCES FOR THE PAST 5 YEARS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY MOVING VIOLATIONS AND PENALTIES FOR PAST 5 YEARS:

(USE BACK OF FORM IF EXTRA SPACE IS NEEDED)

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN COVICTED OF A CRIME INCLUDING MISDEAMEANOR OFFENSES?

\_\_\_ YES \_\_\_ NO PLEASE LIST BELOW:

\_\_\_\_\_

DO YOU HAVE A MEDICAL CONDITION WHICH MAY PREVENT YOU FROM PERFORMING THE DUTIES OF A SUPPORT TEAM MEMBER? \_\_\_\_ YES \_\_\_\_ NO

EXPLAIN: \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

LIST ANY FIRE DEPARTMENTS/SUPPORT TEAMS YOU HAVE EVER BEEN A MEMBER OF (VOLUNTEER OR CAREER). INCLUDE A CONTACT NAME AND NUMBER:

LIST ALL FIRE TRAINING OR OTHER RELATED CERTIFICATIONS THAT YOU HAVE RECEIVED:

PLEASE SUBMIT COPIES OF ANY CERTIFICATES, AWARDS, OR TRAINING RECORDS. USE BACK OF FORM IF EXTRA SPACE IS NEEDED

PLEASE LIST AT LEAST THREE REFERENCES OTHER THAN FAMILY:

NAME	ADDRESS	RELATIONSHIP	PHONE
------	---------	--------------	-------

REMARKS TO SUPPORT APPLICATION (LIST HOBBIES, AWARDS, ETC):

By signing my name below I officially make application for membership with the Blue Ridge Volunteer Fire Department Support Team. If elected to membership I promise to be guided by the by-laws and rules of the department and I will obey the orders of all officers that may be appointed over me while I am performing my duties as a Support Team Member. I further agree to abide by the rules and regulations set forth in the departments Constitution and Standard Operating Procedures. I also authorize the Membership Committee and officers to contact anyone that may know me and obtain any information necessary to complete my background investigation.

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

PROTECTING THE PEOPLE OF BOTETOURT

**Botetourt County**  
**Information for Criminal/DMV Report**

**SECTION 1.** Applicant to complete all information.

Please print the following information in **VERY** legible handwriting:

**Applying for:** \_\_\_\_\_ Fire \_\_\_\_\_ Rescue \_\_\_\_\_ Both

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_\_\_  
(LAST) (FIRST) (FULL MIDDLE) (SUFFIX)

If you have been married, please give maiden name: \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female **Race:** \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ Other

**Date of Birth:** \_\_\_\_\_ (mm/dd/yyyy)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby certify that all information on this form to be used for a Criminal Background check and DMV check on myself are true and complete. Information gathered may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis only for good cause as determined by the agency or designee. I will not hold Botetourt County or the agency to which I have applied, responsible for any negative results that may, in the course of running my criminal history, be discovered.

Signature of Applicant: \_\_\_\_\_

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

**SECTION 2:** For agency use only

This report is for: \_\_\_\_\_ **DMV check only** \_\_\_\_\_ **Criminal Background only** \_\_\_\_\_ **Both**

NOTE TO CAPTAIN/CHEIF/OTHER:

- Allow up to 3 days to receive report information
- Please provide the following information

Your Name: \_\_\_\_\_ Squad or Department: \_\_\_\_\_

I would like to be notified by \_\_\_\_\_ email, or by \_\_\_\_\_ phone with the background results.

Email: \_\_\_\_\_ Phone: \_\_\_\_\_