Thank you for your interest in joining Tappahannock-Essex Volunteer Fire Dept.

Tappahannock-Essex Volunteer Fire Department

Membership Application

Thank you for your interest in joining Tappahannock-Essex Volunteer Fire Dept.
We are delighted that you are interested in becoming a member of the Tappahannock-Essex Volunteer Fire Department. The TEVFD was established in 1920 by citizens of Tappahannock and Essex County for the need of fire protection in their community, who recognized the impending growth of our community and the need for an organization that was dedicated to life, safety and the preservation of property. We look forward to your becoming a part of this dedicated effort to support your family, neighbors and community.

Please Review the Following Information
Read the description for each of the following types of membership that we offer. Choose the one that best suits your situation or needs. Complete the application. If more space is needed, please attach a secondary sheet to this application. Failure to follow any of these instructions or provide all information requested could delay the processing of your application.

General Membership Eligibility Requirements
the membership shall consist of member who live or work in Essex County or the of town Tappahannock, or out of county candidates in Virginia. Must be 18 years of age.

Application Notes
- All information in this application process, either written or verbal (including social security number), is in confidence and will not be released to any other person or organization, except where required by law, for the purpose of documentation, background checks, or other reason as may be disclosed at the time of membership.
- This information provided in this application or as may be disclosed and documented by the interviewer, is required to be maintained by the TEVFD for a period of one-year in the event that you decline or are denied membership opportunity.
- An applicant is required to be interviewed by the Membership/Recruitment & Retention Committee, or other designated representative of the TEVFD, prior to being presented to the department membership for approval.
- Once an applicant is accepted into membership, all applicants are subject to a 1 year probationary period before being voted into full membership. If applicant already has the required training for full membership. Can request full membership after 6 months.
- All Applicants need to be finger printed. (form attached). All applicants will be required also to have a criminal background check. Please fill out Va. State Police Criminal check form. Applicants are required to submit a Va. Driving record from DMV. Use form supplied. Must be turned in with application.
Junior Member- Junior members from the age of 16 – 18. These members may help with department functions. Attend monthly meetings and training. During the 2 year period, attend required firefighter classes and other requirements set forth by the TEVFD SOP’S

Support Member- These volunteer members would support the department by helping out at events, assisting with building and grounds tasks, administrative tasks, fund raisers, etc. These volunteer members would not be required to attend meetings, have no voting privileges, and would not respond to incidents on emergency apparatus, or work in IDLH environments. They would report to the President of the Fire Department, or his/ her designee. As set in TEVFD SOP’S

Firefighters- New firefighter candidates with no prior fire training will be placed on 1 year probation. Be required to full required training as set for in TEVFD SOP’S. Volunteer candidates will required to live or work in Essex County or Town of Tappahannock.

Firefighter candidates would be allowed to respond on fire / rescue incidents to assist outside IDLH environments, based on their level of training.

Volunteer candidates living in or out of Essex County. These volunteer members would be trained and hold valid certifications as a firefighter in Virginia. Certifications would be defined in the, Applicant Training Policy, or hold nationally recognized certification board training. Firefighters candidates required training requirements and probationary outlined in Departments SOP’s. Firefighter candidates will be allowed to respond to incidents and serve in the capacity allowed by the Fire Chief. Firefighter candidates living or working within Essex County or town of Tappahannock. Subject to TEVFD, SOP’s

_________________________ ______________________
Signature of Applicant Date
I have read and understand the needs of the TEVFD for this requested position.

It is the responsibility of the applicant to provide along with this application:

1. Copies of all fire/rescue training/medical related training documentation (if any).
2. Copies of all license and certification cards to be considered in the evaluation for membership.
TAPPAHANNOCK - ESSEX VOL. FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP

FULL NAME ________________________________, DATE __________
LAST       FIRST       MIDDLE

HOME ADDRESS ________________________________, STREET __________
TOWN/STATE/ZIP

DATE OF BIRTH __________, SOCIAL SECURITY NUMBER ___/___/___

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

PHONE NUMBER ____________________________________________
HOME       WORK       CELL

OCCUPATION & EMPLOYER ________________________________

DATE OF LAST PHYSICAL __________, DOCTORS NAME ________________________________

STATE ANY CURRENT MEDICAL PROBLEMS, ANY SERIOUS ILLNESS OR INJURY’S IN THE PAST (5) YEARS

_________________________________________________________________________________

PERSON TO CONTACT IN CASE OF EMERGENCY & PHONE NUMBER ________________________________

LIST ANY FIRE SERVICE EXPERIENCE’S AND ATTACH ANY CERTIFICATES OF COMPLETION:

_________________________________________________________________________________

_________________________________________________________________________________

I HEREBY APPLY FOR MEMBERSHIP IN THE TAPPAHANNOCK - ESSEX VOLUNTEER FIRE
DEPARTMENT AND AGREE TO ABIDE BY IT’S LAWS IF ACCEPTED. FURTHERMORE I
UNDERSTAND THAT I MUST COMPLETE ALL REQUIRED TRAINING BEFORE OBTAINING
FULL MEMBERSHIP STATUS. JUNIOR MEMBERS MUST HAVE A SIGNATURE FROM PARANT OR
GUARDIAN.

_________________________________________ DATE __________
SIGNATURE OF APPLICANT

_________________________________________ DATE __________
PARENTS/ GUARDIANS SIGNATURE

_________________________________________ PRINT __________ DATE __________
SIGNATURE OF COSPONSOR

_________________________________________ DATE __________
SIGNATURE OF OFFICER
CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To:
Virginia State Police
Central Criminal Records Exchange
P.O. Box 85076
Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):
- [ ] CHILD DAY CARE
- [ ] DOMESTIC ADOPTION
- [ ] ADULT DAY CARE OR ADULT CARE RESIDENCE
- [ ] NURSING HOME OR HOME HEALTH
- [ ] COUNTY/CITY PUBLIC SCHOOLS
- [ ] INTERNATIONAL ADOPTION
- [ ] FOSTER CARE
- [ ] EMPLOYMENT
- [ ] OTHER (Please Specify)

NAME TO BE SEARCHED:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>MAIDEN NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RACE</th>
<th>SEX</th>
<th>DATE OF BIRTH</th>
<th>(MM/DD/YYYY)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

Date of Request: / / (MM/DD/YYYY)

Signature of Person Making Request: Printed Name:

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ATTENTION</th>
<th>ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

FEES FOR SERVICE:

<table>
<thead>
<tr>
<th>FEES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$15.00 CRIMINAL HISTORY SEARCH</td>
<td></td>
</tr>
<tr>
<td>$20.00 COMBINATION CRIMINAL HISTORY &amp; SEX OFFENDER SEARCH</td>
<td></td>
</tr>
</tbody>
</table>

* FEES For Volunteers with Non-Profit Organizations:

<table>
<thead>
<tr>
<th>FEES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 8.00 CRIMINAL HISTORY SEARCH</td>
<td></td>
</tr>
<tr>
<td>$16.00 COMBINATION CRIMINAL HISTORY &amp; SEX OFFENDER SEARCH</td>
<td></td>
</tr>
</tbody>
</table>

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization’s name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

<table>
<thead>
<tr>
<th>METHOD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MasterCard</td>
<td></td>
</tr>
<tr>
<td>Visa</td>
<td></td>
</tr>
</tbody>
</table>

Account Number: ____________
Expiration Date: ____________

Certified Check or Money Order (attached, payable to Virginia State Police)

Virginia State Police Charge Account Number: ____________

Signature of Cardholder:

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- [ ] No Conviction Data – Does Not Preclude the Existence of an Arrest Record
- [ ] No Criminal Record – Name Search Only
- [ ] No Sex Offender Registration Record

Purpose code: [ ] C  [ ] N  [ ] O

Date ____________ By CCRE/
Link to Criminal History Background check form on Virginia State Police Website
INFORMATION REQUEST

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

<table>
<thead>
<tr>
<th>REQUESTER INFORMATION</th>
<th>FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAIL ADDRESS</td>
<td>ORGANIZATIONAL AFFILIATION (if any)</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>STATE</td>
<td>USE AGREEMENT NUMBER (if applicable)</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>ACCESS CODE (if applicable)</td>
<td>TNC CERTIFICATE NUMBER (if applicable)</td>
</tr>
</tbody>
</table>

REASON FOR REQUEST (be specific) (attach additional sheets if necessary)

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

GOVERNMENT REQUESTER

IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information)

☐ Federal ☐ State ☐ City ☐ County ☐ Special District ☐ Other (identify below)

IF OTHER, IDENTIFY TYPE

☐ Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1827. CASE DATE

☐ Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3.

SUBJECT INFORMATION

If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).

SUBJECT FULL NAME (last, first, mi, suffix) ☐ CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.

STREET ADDRESS

CITY

INFORMATION REQUESTED

Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.

☐ DRIVING RECORD INFORMATION (includes license history and conviction data) (complete SUBJECT INFORMATION above)

SUBJECT DRIVER LICENSE NUMBER

OR

SUBJECT BIRTH DATE (mm/dd/yyyy)

REASON FOR REQUEST (Check one) ☐ insurance ☐ Employment, School, or Military ☐ Member/Applicant/Volunteer ☐ Personal Use, Court, or Attorney ☐ TNC

An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.

SUBJECT SIGNATURE DATE (mm/dd/yyyy)

☐ VEHICLE INFORMATION (includes vehicle description and registration data) (complete SUBJECT INFORMATION above)

VEHICLE IDENTIFICATION NUMBER (VIN)

VEHICLE MAKE

VEHICLE YEAR

☐ POLICE CRASH REPORT

IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-360.

Check one or more boxes to indicate your involvement in the crash:

☐ I was a DRIVER.

☐ I legally REPRESENT a person injured or involved in the crash.

☐ I was injured in the crash or as a result thereof (ex: injured pedestrian).

☐ I am the parent or legal guardian of a minor injured or killed in the crash.

☐ I am the owner of a vehicle/property involved in the crash.

☐ I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash.

☐ I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance.
INFORMATION REQUESTED (continued)

CRASH DATE (mm/dd/yyyy) TIME OF CRASH CRASH LOCATION (highway or street name)

CITY/COUNTY/TOWN WHERE CRASH OCCURRED DRIVER FULL NAME (last, first, mi, suffix) DRIVER LICENSE NUMBER

1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) 2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) 4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)

☐ DECEASENT PHOTO REQUEST (requester may need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)

DECEASENT FULL NAME (last, first, mi, suffix) DECEASENT DMV CUSTOMER NUMBER
DECEASENT BIRTH DATE (mm/dd/yyyy) Requester's relationship to decedent (check one):
☐ Executor
☐ Administrator

☐ OTHER INFORMATION (Be specific)

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 and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

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. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

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.

REQUESTER SIGNATURE

DATE (mm/dd/yyyy)

CUSTOMER RECORDS FEES

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving Record</td>
<td>$9.00</td>
</tr>
<tr>
<td>Vehicle Record</td>
<td>$9.00</td>
</tr>
<tr>
<td>Police Crash Report</td>
<td>$8.00</td>
</tr>
<tr>
<td>Decedent Photo</td>
<td>$9.00</td>
</tr>
<tr>
<td>Driver/Vehicle Application</td>
<td>$9.00</td>
</tr>
<tr>
<td>Supporting Documents (per page)</td>
<td>$3.00</td>
</tr>
<tr>
<td>Motor Carrier Overweight Citation Record</td>
<td>$8.00</td>
</tr>
<tr>
<td>Travel Emergency Photo Verification</td>
<td>$9.00</td>
</tr>
<tr>
<td>Record Certification Fee (additional)</td>
<td>$5.00</td>
</tr>
</tbody>
</table>

PAYMENT METHODS

If you are mailing this request, DMV can only accept check or money order via mail.

☐ CHECK Made payable to DMV

☐ MONEY ORDER Made payable to DMV

DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification

☐ Valid Driver's License Number

☐ Other Photo Identification

If referred to Headquarters to Fill Request, Complete:

CSR Name

CSC Name (not CSC number)

Remarks/CSR Stamp

Fee Charged $
Health History and Immunization Record

In order to establish a comprehensive infection control program for Essex County, it is important to obtain information on your childhood disease history and vaccinations/immunizations. This information is necessary in case an exposure occurs in the county. This information will need to be kept in a locked file cabinet accessible 24/7, as outlined by the OSHA regulations.

These forms will also assist in identifying staff that are in need of vaccines or immunizations, which can be offered before an exposure might occur. Prevention is always the best policy.

You will note that more than just bloodborne pathogens and TB are addressed on the forms. This is because one can be exposed to more than just bloodborne pathogens and TB in a workplace setting and we want to ensure proper medical followup for any exposures.

This information is completely CONFIDENTIAL. This information will be kept under lock and key in your medical file. Located with the County EMS Chief and be only accessible by him or TEVFD EMS Lieutenant.

Completion of this form and receiving the necessary vaccinations-immunizations is completely voluntary. If you choose not to submit this information or receive the vaccinations/immunizations, you will need to sign declination forms.
# Essex County Infection Control

## Employee Information

### Personal Information

**Full Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
</table>

**Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

**Home Phone:** ( )

**Cell Phone:** ( )

**E-mail Address:**

**Social Security Number:** OR

**Birth Date:**

**Marital Status:**

## Emergency Contact Information

### Personal Information

**Full Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
</table>

**Address:**

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</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

**Primary Phone:** ( )

**Cell Phone:** ( )

**Physician:**

**Office #:**
<table>
<thead>
<tr>
<th>Immunization/Vaccine</th>
<th>Date of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Antibody Titer</td>
<td>Result:</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
</tr>
<tr>
<td>TB Skin Test</td>
<td>Result:</td>
</tr>
<tr>
<td>Tetanus/Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Chickenpox (Varicella)Vaccine</td>
<td></td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td></td>
</tr>
</tbody>
</table>

_________________________________________________________

Employee Signature                       Date
## Communicable Disease Health History

This information is **CONFIDENTIAL**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles (Rubeola)</td>
<td></td>
</tr>
<tr>
<td>Measles (Rubella)</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Type ____</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Type ____</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Type ____</td>
</tr>
<tr>
<td>Malaria</td>
<td>Type ____</td>
</tr>
<tr>
<td>HIV Infection</td>
<td></td>
</tr>
</tbody>
</table>

### Allergies:

Medications: __________________________

Latex  ____ YES  ____ NO

_________________________  __________
Employee Signature        Date
TAPPAHANNOCK-ESSEX VOL. FIRE DEPARTMENT
INTERVIEW WORKSHEET

You have met all minimum qualifications to be admitted to TEVFD. The following is an Outline of expectations and requirements or firefighters in our department. Upon appointment To the position of probationary member of TEVFD by the membership of the department At our next regularly scheduled meeting you serve a one (1) year probationary period, and must Meet all minimum requirements as outlined below.

PROBATIONARY MEMBER GUIDELINES

You may not operate an Emergency Vehicle to an emergency call. You may operate a Department vehicle under the instruction of a full member of the department or Line or Chief officer, for training purposes.

You may use a personal emergency light in your personal vehicle but must follow all laws Of the Commonwealth of Virginia. You can not exceed the posted speed limits nor advance threw traffic lights or signs while using this device. No one is required to obey or render any right away to you, use extreme caution. The Department will not condone any violations of this nature. You may not be allowed to vote (till after probation)

You will be supplied with the following clothing. Check with your company officer for the quartermaster for equipment issue. This will include; as set forth in Department SOP’s.

<table>
<thead>
<tr>
<th>Helmet</th>
<th>Nomex hood</th>
<th>Turn out coat</th>
<th>Firefighter Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boots</td>
<td>Turn out pants</td>
<td>Accountability Tag.</td>
<td>Rescue Gloves</td>
</tr>
<tr>
<td>Goggles</td>
<td>Key to building</td>
<td></td>
<td>Vehicle tag</td>
</tr>
</tbody>
</table>

BENEFITS AS A MEMBER

Training opportunities are free and is offered in house
Christmas Social
Banquet and yearly social
State firefighters convention (after probationary period
Rent the banquet hall at a discounted rate.
I have read and had explained to me the above information and during an interview for the Position of Volunteer Firefighter with the TEVFD. I will follow all policies and procedures as outlined in the Departments SOP’s and Bylaws.

NAME: ________________________ Print ____________________________

SIGNATURE

Date: ________________

NAME
TEVFD Training
CPR

After completing these basic courses they will be allowed to respond to fire scenes and do non-IDLH related tasks, attend VDFP sponsored training.

They will be issued basic PPE (Personal Protective Equipment). That would be suitable to environments they will be working.

After they have signed up for Firefighter class they will be issued turnout gear, but still not be allowed to enter IDLH atmospheres until the completion and passing of the Firefighter program. If they fail to complete the firefighter 1 program that they signed up for (or within a 6 month period) they will be required to turn in their turnout gear until they have been accepted into another firefighter class.

Non-resident associate members subject to response and participation guidelines as outlined in SOP’s

Will be on 1 year probationary period.

Associate members wishing to advance to firefighter level must pass Firefighter 1.

Firefighters-

Certified as Firefighter 1 or greater, EVOC 1, 2 & 3, Mayday, vehicle rescue or Intro to Tech Rescue.

In county candidates required to attend monthly meetings, company sponsored trainings. Serve on assigned committees and assist in fund raising activities.

Non-resident firefighters subject to response and participation guidelines as outlined in SOP’s Firefighter candidates living or working in Essex County or the town of Tappanannock, when completed their probationary period. Set forth in TEVFD SOP’s and By Laws for full members.

Probationary period will be 1 year.
NEW MEMBERS

Support Member-

These volunteer members would support the department by helping out at events, assisting with building and grounds tasks, equipment maintenance, social hall setup and take down, administrative tasks, etc. These volunteer members would not be required to attend meetings, have no voting privileges, and would not respond to incidents on emergency apparatus, or work in IDLH environments. The would report to the President or the Fire Department, or his/her designee. Participate with at least 2 fund raisers a year. Golf Tournament, Oyster Roast, Letter Drive, Carnival.

Computer base training.
NIMS, IC 100,200,700,800.

Associate Member-

These volunteer members would be those that are not trained as firefighters, but are working toward earning that certification. They would be allowed to respond to incidents to assist outside of IDLH environments based on their level of training. They would be assigned a mentor, and report to an Operational Officer designated by the Fire Chief. Assist with around the station activities, and fund raisers.

They would be required to obtain the following training: If Firefighter 1 class is not available.

VDFP (Computer base course)
Fire Attack Essentials
Introduction Tech Rescue
VDFP Hazardous Material Awareness (must go to VDFP Division headquarters to take test)
Near miss reporting
Traffic Incident Management Systems TIMS

FEMA (Computer base course
Is:100
Is:200
Is:700
Is: 800
OUT OF COUNTY FIREFIGHTER CANDIDATES

Out of county firefighter candidates. Will be allowed to participate in regular fire fighter duties. They may respond to fire and ems calls. They will be required to give 24 hours a month on duty at either one of the 3 stations of Tappahannock-Essex VFD. This may be at any time that person is available to give time and service to the community. Each station will have a log book for sign up with time in and time out. This will be the responsibility of the station Captain to sign and to make assurance that the firefighter was in attendance.

Firefighters will be issued turnout gear. This gear will be left at the respected station to which they so choose to respond out of. This gear may only be removed for emergencies and department training. Any other instances to where the turnout gear may be taken out of the building must be approved by the station Captain.

Driving of apparatus. Each firefighter candidate may be allowed to drive and operate apparatus in the department. They must meet the qualifications set forth in TEVFD SOP’s. The firefighter must go through and complete the department’s driver candidate qualifications and be approved by the Fire Chief to drive.