

Chesapeake Fire Department Auxiliary

The Chesapeake Volunteer EMS and Chesapeake Volunteer Fire organizations merged in January 2003 to form one volunteer organization which is a branch of the Chesapeake Fire Department.

Our mission is to compliment the career department, provide EMS coverage at special events and public education. How do we do this?

- We work with the career department by pulling duty in the stations, working right along side of those who do this for a living. Once you meet specific qualifications, you may be called upon to take the place of a career person for a designated portion of their shift.
- We provide EMS coverage, upon request, at special events throughout the city. This includes the Chesapeake Jubilee, Dog Show, Indian Fest, area high school football games, Special Olympics, Company picnics, Baseball tournaments, Horse shows, etc.
- We educate the public by our good example, by offering CPR and/or first aid classes, with blood pressure checks at the mall or other events, or by distributing educational information booklets or flyers.

We require a minimum 12 hours duty on the engine or ambulance per month. This can be accomplished at the stations or with special events. We help provide training in CPR, EVOC, bloodborne pathogens, HIPAA, and basic fire training at little or no cost to our members. We offer monthly training with EMS topics so that our EMS members can get their CE credits for recertification.

Those who apply as a fire member but who have no fire training: your application is processed as far as we can take it then your name is placed on a waiting list until the next fire school starts. Fire schools in the area are only taught once or twice a year. You must be already fire or EMS trained before you can pull duty on any piece of apparatus. EMS members can pull duty on an ambulance while they wait for a fire school. If you are trained in both fire and EMS, you have the option to do either or both duties.

We appreciate your interest in our organization. Enclosed is an application.

Chesapeake Fire Department Auxiliary
P.O. Box 16435
Chesapeake, VA. 23328

Thank you for your interest in the CFDA. Attached is a membership application which needs to be completed, notarized and the following documentation attached:

- Copy of EMS certification card if applying for the EMS division
- Copy of Fire certifications if applying for the fire division
- Copy of current CPR if applicable
- Copy of your birth certificate.
- An original DMV record. (Cannot be older than 90 days)
- A copy of your drivers license
- Copies of any other certifications such as EVOC, HAZMAT, Fire training, etc.
- Signed criminal history record release form. This is required by the city.
- 3 letters of recommendation, one of which **MUST** be from your previous EMS or Fire supervisor or instructor. If this is not possible, please attach an explanation.

Once complete, your application should be returned to the Chesapeake Fire Department Auxiliary at the address above or to Fire Headquarters.

REQUIREMENTS FOR MEMBERSHIP:

- *You must be at least 18 years old.
- *You must be at least EMT-B certified if applying for the EMS division.
- *You must be Virginia fire programs or Proboard firefighter I and II if applying for the fire division
- *You must be a high school graduate or have a GED.
- *You must meet the City of Chesapeake driving record standards.
- *You must not have been convicted of any felony in the past 5 years nor ever convicted of a sexually related crime.
- *You must be able to produce the documentation listed above.
- *Once accepted for full membership, you will be required to work a minimum of 12 hours per month on the ambulance or fire apparatus. You must attend a minimum of 4 of the 6 general meetings per year. You will be responsible for your own uniforms and maintaining current certifications at all times. All new members will be placed on an 18 month probation.

The application process can take up to 2-3 months and will not be complete until also approved by the Chesapeake Fire Department. If you have any further questions please contact Mary Montero, Secretary at (757) 482-7080 (evenings or weekends) or by cell phone at (757) 630-0790.

Application for Membership

Chesapeake Fire Department Auxiliary
P.O. Box 16435
Chesapeake, VA. 23328

applying for:
FIRE ____
EMS ____

Please print or type:

Full Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip code: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Highest level of education: _____ GED? _____

Current EMS certification level: _____ Expires: _____

Where did you receive your Fire or EMS training? _____

Have you ever been a member of a fire or rescue squad? _____ yes _____ no

If yes, where? _____ Supervisor: _____

Supervisor's title: _____ Telephone: _____

Do you have a valid driver's license? _____ State: _____

What other significant training do you have? _____

Are you an instructor for CPR? _____ EMT? _____ Fire? _____ Other: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Are you now, or have you in the past ever been involved in the illegal possession, manufacture, buying and/or selling of any illegal narcotic or dangerous drugs (including but not limited to, marijuana, heroin, cocaine, LSD, etc.) _____ yes _____ no. If yes, please explain: _____

Please give the names of three (3) responsible persons, other than relatives, who could provide information about your character, ability, personality, and other qualities: (These can be the same as your letters of recommendation.)

NAME ADDRESS TELEPHONE

My signature below indicates that I am applying for membership in the Chesapeake Fire Department Auxiliary. I understand that there may be other requirements that need to be met before I am accepted as a member. I agree to obey all rules and regulations as set forth by the CFDA and the Chesapeake Fire Department. Further, I hereby authorize the Veterans Administration, the Armed Services, Division of Motor Vehicles, medical doctors, former employers, and any other agency to furnish the CFDA with any and all information regarding me upon request in order that my suitability for me position of Fire or Ambulance Personnel may be determined.

I further understand that false or misleading information given in my application and/or during interview(s) may result in my being disqualified for membership in the Chesapeake Fire Department Auxiliary.

Signed: _____ Date: _____

City/County of _____, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 2____
by _____.

My commission expires: _____.

Registration number: _____

Notary Public

*****Leave Space Below Blank*****

Approved/accepted by CFDAux. Board of Directors on _____

Approved/accepted by Chesapeake Fire Administration: _____

date: _____



**CRIMINAL HISTORY RECORD CHECK RELEASE OF INFORMATION FOR
Prospective Hires, Promotees, Transfers and Volunteers with the City of Chesapeake**

I hereby authorize the City of Chesapeake to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for official use by the City of Chesapeake for the sole purpose of determining my eligibility to be employed, be promoted, be transferred, or volunteer with thee City and may be disclosed to other persons only as necessary to determine my eligibility. I understand that failure to provide all or part of the information may result in my disqualification for employment, promotion, transfer, or volunteer work. This release shall be effective on the date of its execution and expire upon completion of my criminal history record check.

Signature: _____ Date _____

Print clearly, and fill in all applicable blanks

Name: Last: _____ First: _____ Middle: _____

Other Names Used (Include Maiden): _____

Social Security Number: ____ - ____ - ____

Date of Birth: ____ - ____ - ____ State and County of Birth: _____

Gender: __Male __Female Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Race: _____

Phone Contact: Home: _____ Work: _____ Cell: _____ Other: _____

Current Address: _____

Previous Address: _____

Administrative Use Only (check all that apply)

__(circle one) prospective hire * prospective promotee/transfer * prospective volunteer

Department/Division _____

__Job / assignment involves providing services to juveniles or the disabled or caring for the elderly