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## FAUQUIER COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION VOLUNTEER APPLICATION PACKAGE PROCESS CHECKLIST

Applicant's Full Legal Name:								
		(Print Last)	(Print Fi	rst)	(Print Middle)			
•	County Volunteer Ap	pplication Form (3 pages)		Date:				
•	Junior and Cadet Par	ent/Guardian Consent Form (if under 1	8 YOA)	Date:				
•	Permission to Releas	e Information Form		Date:				
•	Volunteer Membersl	hip Classifications Form		Date:				
•	Hepatitis-B Vaccinati	on Authorization or Waiver Form		Date:				
•	Naming of Beneficiar	ry Form		Date:				
•	Date of National Crin	ninal History Background Check Letter		Date:				
•	Driving History Cour	nty/DMV Forms		Date:				
	O Division of Motor Vehicles Driver Authorization			Date:				
	o Driver Safet	y Rules		Date:				
•	Driver's License			Date:				
•	Birth Certificate	2 of 3 REQUIRED		Date:				
•	Passport			Date:				
•	Date HIPAA Test was	s Completed		Date:				
•	Date of Physician's C	ertification (Class A or B)		Date:				
•	Life Insurance Applic	ation (if eligible, 18-65 YOA)		Date:				
•	County ID Card issue	d		Date:				
•	Fit Test completed			Date:				
•	Application file move	ed to main office		Date:				

## **Comments:**