

VOLUNTEER MOVE/CHANGE PROCESS

❖ **Volunteer Action Form is used to complete the following:**

- Change name, address, phone number or email
- Change volunteer status, e.g. add rank/title, member classification change (B to A or Jr. to regular), company transfers, or second company membership

❖ **To change companies or join a second company:**

- Complete personal data, contact data and actions section of the Volunteer Action Form showing move from company X to company Y signed by both losing and gaining chief
- Complete Permission to Release Information (must be notarized)
- Copy of letter from Virginia Office of Emergency Medical Services indicating that applicant has been approved if changing companies
- Copy of Driver's License if none submitted in original application
- DMV Drivers History (for those over 18) if none submitted in original application
- When changing companies a volunteer physical may be required at the discretion of the volunteer company or if a physical was never completed with original application
- A new member application may be required if one is not on file

- ❖ **All documents are submitted to the company recruiter for review**

- ❖ **Volunteer Company owner of Agency License for the gaining company gives volunteer an approved fingerprint card. Volunteer completes card and obtains fingerprints. See slides 3 through 5 for fingerprint processing instruction. Volunteer Company submits fingerprints to Virginia Office of Emergency Medicine (OEMS) for approve/reject decision.**

- ❖ **Action Form package to New Member Orientation (NMO) coordinator with a copy of the approval letter from OEMS**
 - During Wednesday night NMO from 6 to 9 p.m.
 - Weekdays between 8 a.m. and 12 p.m.

- ❖ **Volunteer company president, chief and recruiter are notified if additional information is required.**

Instructions for Completing Fingerprinting Card

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			LEAVE BLANK			
D-256 (REV 3-1-10) 1110-0046		LAST NAME	FIRST NAME	MIDDLE NAME	FBI		LEAVE BLANK			
SIGNATURE OF PERSON FINGERPRINTED 3.		ALIASES AKA 2.		OR I VA922491Z VA DOH/OFC EMS GLEN ALLEN, VA		DATE OF BIRTH Month Day Year 5.				
RESIDENCE OF PERSON FINGERPRINTED 4.		CITIZENSHIP CTZ		SEX 6.	RACE 7.	HGT 8.	WGT 9.	EYES 10.	HAIR 11.	PLACE OF BIRTH 12.
DATE 14.	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 15.		YOUR NO. OCA		LEAVE BLANK					
EMPLOYER AND ADDRESS 16.		FBI NO. FBI		CLASS _____						
REASON FINGERPRINTED 17.		ARMED FORCES NO. MNU		REF. _____						
		SOCIAL SECURITY NO. SOC 13.								
		MISCELLANEOUS NO. MNU								

If form does not have a tracking number it will be rejected by EMS

1. Name (NAM) block: Enter applicant's last name, first name, and middle name – in that order – in this space. Be sure to write out the middle name. Suffix denoting seniority (Jr. , Sr., III) should follow the name.
2. Also Known As (AKA) block: Enter other names the applicant has used, especially maiden names and or previous married names.
3. Applicant's Signature block: The applicant must sign this block in the presence of the person taking the fingerprints.
4. Applicant Address block: Enter the applicant complete physical address.
5. Date of Birth (DOB) block: Enter the applicant's date of birth in the format mmddyyyy.
6. Sex block: F for female, M for male.

7. Race (RAC) block: Select one of the corresponding alphabetic codes:

CODE	RACE
I	Native American
A	Asian
B	Black
W	Caucasian/Latin

8. Height (HGT) block: Enter the applicant's height in feet and inches. Round off fractions to the nearest inch.

9. Weight (WGT) block: Enter the applicant's weight in pounds.

10. Eye Color (EYES) block: Select the correct color from the table:

Eye Color	Code	Eye Color	Code	Eye Color	Code	Eye Color	Code	Eye Color	Code
Black	BLK	Blue	BLU	Brown	BRO	Gray	GRY	Multicolor	MUL
Green	GRN	Hazel	HAZ	Maroon	MAR	Pink	PNK	Unknown	XXX

11. Hair Color (HAIR) block: Select the color from the table

Hair Color	Code	Hair Color	Code	Hair Color	Code	Hair Color	Code	Hair Color	Code
Bald	BAL	Black	BLK	Blonde	BLN	Blue	BLU	Brown	BRO
Green	GRN	Grey	GRY	Orange	ONG	Purple	PLE	Pink	PNK
Auburn	RED	Sandy	SDY	White	WHI	////////	////////	////////	////

12. Place of Birth (POB) block: Enter the state where the applicant was born.
13. Social Security Number (SOC) block: Enter the applicant's social security number.
14. Date Fingerprinted block: Enter the date the applicant is fingerprinted
15. Signature of person taking fingerprints. The fingerprinter (not applicant) signs in this block
16. Employer and address block: Enter the name and address of the licensed EMS agency the applicant is seeing affiliation; employment with, and the mailing address of the licensed EMS agency.
17. Reason fingerprinted block: Enter either volunteer or career EMS agency affiliation in this block.

NOTE:

Do not fold cards at any time. Creases in the fingerprint card will result in them not being able to be processed

Items 1-17 above are all required. Missing information will result in card not being able to be processed

Items 1-17 should be entered or printed on the card in black ink ONLY.

Once all information above is entered completely and fingerprints are obtained, send the card to:

**Virginia Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059**

- ❖ **Additional information about the background check process is available in the FAQ document found in the document below. Click on the link below**

[FAQ sheet Virginia OEMS](#) (Right click on this link and select “Open Hyperlink” and then select “OK”. Click on the “Explorer” icon which will be flashing to open the document.)

- ❖ **Department physical forms sent to volunteer if new physical required and volunteer schedules with medical facility**
- ❖ **Notification sent to volunteer, volunteer recruiter, company president and chief when physical is complete as necessary**
- ❖ **Volunteer is notified to come to New Member Processing to receive new badges**
 - New Member Processing is held first and third Wednesday of the month
 - 210 Hospital Drive, Warrenton, VA

- ❖ **Notification sent to volunteer, volunteer recruiter, company president and chief when change is complete**
- ❖ **NMO Coordinator moves the volunteer information from old to new company in the membership data files**
- ❖ **NMO Coordinator sends Volunteer Action Form to Fauquier Fire and Rescue main office with request to move original volunteer file from old company to new company or indicate member now belongs to more than one company in the volunteer application file**

[Volunteer Action Form](#) (Right click on this link and select “Open Hyperlink” and then select “OK”. Click on the “Explorer” icon which will be flashing to open the document.)

