

LOUDOUN COUNTY FIRE RESCUE VOLUNTEER ACTION & CHANGE FORM

New Member
 Change
 Terminate

New members to the system must complete separate beneficiary forms.

1. _____ 2. _____ #
 Last 4 digits Social Security # Company Name and #

3. _____
 Volunteer's Legal Name: First MI Last Suffix [Former Name-if name change]

4. _____
 Mailing/Home Address City State Zip Code

5. () ()
 Primary Phone Number Secondary Phone Number Email address

6. _____ 7. ____/____/____
 County of residence Date of Birth

Questions 8-13 are used for demographic studies and are optional.

8. _____
 Place of Employment Occupation

9. Male Female 10. Marital Status: Married Single Divorced Widow

11. Race: (check all that apply): American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White or Caucasian
 Prefer not to specify

12. Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to specify

13. I heard about volunteering with Fire & Rescue through (check all that apply):
 Radio station: _____
 Newspaper _____
 Community event
 Internet search
 Sign in the community
 School
 Friend or Family
 Other: _____

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Page 2 of 2

14. Voted into Membership Date: ___/___/_____

15. Dual membership: Yes No

16. Membership Transferred Date: ___/___/_____ From Co.#: _____ To Co.#: _____

Transferring membership will cause originating affiliation to be terminated.

17. Membership Type: Operational Administrative/Associate

 If Operational: Firefighter
 EMS
 Both
 Unsure

18. Member Category: Cadet (<16 yrs old) Junior (16-18 yrs old) Senior Lifetime Auxiliary

19. Certifications (if applicable):

Type: _____ Number: _____ Expiration Date: ___/___/_____
Type: _____ Number: _____ Expiration Date: ___/___/_____
Type: _____ Number: _____ Expiration Date: ___/___/_____
Type: _____ Number: _____ Expiration Date: ___/___/_____

20. Member Status: Active Leave of Absence Terminated Deceased

Leave of Absence/Date Started: ___/___/_____ Duration of Leave: ___ Year(s) ___ Month(s) Estimated

Return Date: ___/___/_____

20. Membership Terminated Date: ___/___/_____ Reason: _____

21. Active Directory Request form attached? YES NO

I certify that the above information is accurate to the best of my knowledge.

Volunteer's Signature: _____ Date: ___/___/_____

President's Signature: _____ Date: ___/___/_____

In accordance with SWP 201.1, the member cleared the following background checks:

Criminal Background Cleared : Yes/No Date: _____ President's signature _____

OEMS Fingerprint Cleared: Yes/No Date: _____ President's signature _____

*Return the completed form to Volunteer Programs at: MSC 61A FR Admin, secure FAX 703.737.8358
Recruitment.firerescue@loudoun.gov or 801 Sycolin Road, #200, Leesburg, VA 20175*

COUNTY USE

Entered into FRPS & Alpine by: _____ Date: ___/___/_____
Physical completion date: _____