

**Augusta County Fire-Rescue Services
Volunteer Membership Reference Form**

Applicant applying for membership with: _____

_____ has applied for membership with the above named Augusta County Volunteer Fire Department and/or Rescue Squad and has provided you as a reference. Please complete the following and return this from as soon as possible to the address listed below. A signed copy of the applicant's PERMISSION FOR RELEASE OF INFORMATION is on file at the Augusta County Fire-Rescue Volunteer Coordinator's Office.

How long have you known the applicant?

Is your knowledge based on? Personal Business Other
Please explain:

Please comment on the following as they apply to the applicant, 4 excellent , 1 poor					
	4	3	2	1	Explain:
Trustworthy					
Loyalty					
Reliable					
Punctual					
Attitude					
Integrity					

If the applicant has worked for you, would you rehire him/her? Yes No
If no, please explain:

Please comment on how you feel the applicant would perform as a fire-rescue member.

How well does the applicant work with others?

Additional Comments:

Name:	Date:
Address:	Home Phone:
Address:	Work Phone:
City/State:	Zip:

Thank you for your time and attention on the applicant's behalf!

Please return this form to:

Augusta County Fire-Rescue
Attn: Minday M. Craun, Volunteer Coordinator
P.O. Box 590
Verona, VA 24482