



VOLUNTEER WORKFORCE SOLUTIONS (VWS)

Application Form

DEPARTMENT INFORMATION

Department Name:		
Street Address:		
City:	ZIP Code:	County:
Type of Organization (Check one)	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Combination
# of Volunteers:	# of Career:	# of Administrative Staff:
# of Auxiliary:	# of Fire Stations:	Population Served:
Square Miles Served:	Department Phone:	
Website:		

PRIMARY DEPARTMENT CONTACT INFORMATION

Contact Name:	Title:	
Contact Street Address:		
City:	ZIP Code:	
Phone:	Cell Phone:	Fax:
Direct E-mail		
Are you willing to brief your city/county/town manager or administrator about the program?		
(Check appropriate box)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIMARY CITY, COUNTY OR TOWN CONTACT INFORMATION

Manager/Administrator Name (City/County/Town):	Title:	
Contact Street Address		
City:	ZIP Code	
Phone:	Cell Phone:	Fax:
Direct E-mail		

BACKGROUND INFORMATION

How will this program assist in your department's need to adequately comply with NFPA 1710 or NFPA 1720?

Describe your need for this program and how it will benefit your department.



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BACKGROUND INFORMATION (continued)

Do you have a formal or informal recruitment and retention program? If so, please explain.

Do you have a full-time volunteer coordinator/recruiter? Yes No

How will you ensure that data is submitted to VWS staff on a monthly basis?

Will all of your participating volunteer departments be willing to commit to the requirements as stated in the VWS Memorandum of Understanding? Yes No

Do you currently have a FEMA SAFER award for recruitment and retention? Yes No
If yes, please explain what the award entails.

Additional Comments (optional):

Please return form to Kelly Ameen kameen@iafc.org or fax 703-273-0920

Thanks for your interest in the program.

Applicants may be asked to participate in a phone interview before final selections are made.