



APPLICATION TO PURCHASE PRIOR SERVICE COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER INFORMATION AND CERTIFICATION

| 2. Name (First, Middle Initial, Last) | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|-------------------------|----------------|------------------------|------------------------------|------------------------|------------------|----------------|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 3. Address (Street, City, State and ZIP+4) | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Social Security Number | | 5. Date of Birth | | 6. Phone Number | | | | | | | | | | | | | | | | | | | | |
| 7. Currently a Member of Department/Squad <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Prior Service Information | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;"><u>Department/Squad Name</u></th><th style="text-align: left;"><u>Location/County</u></th><th style="text-align: left;"><u>From Year</u></th><th style="text-align: left;"><u>To Year</u></th><th style="text-align: left;"><u>Total Years</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> | | | | | <u>Department/Squad Name</u> | <u>Location/County</u> | <u>From Year</u> | <u>To Year</u> | <u>Total Years</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Department/Squad Name</u> | <u>Location/County</u> | <u>From Year</u> | <u>To Year</u> | <u>Total Years</u> | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| If you prefer to purchase only a portion of the years reflected above, how many years do you wish to purchase? _____yrs | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify the information above is true to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | _____ | | | | | | | | | | | | | | | | | | | | | |
| Member Signature | | | Date | | | | | | | | | | | | | | | | | | | | | |

PART B. DEPARTMENT/SQUAD CERTIFICATION

| | |
|---|--------------|
| I certify the information above for the named applicant is true and correct. He or she is eligible to purchase prior service in the number of years indicated above at a cost of \$ _____ (\$120 per year for each year purchased). | |
| A Department or Squad check payable to VOLSAP accompanies this form. | |
| _____ | _____ |
| Authorized Signer's Printed Name | Date |
| _____ | _____ |
| Authorized Signer's Title | Phone Number |
| _____ | _____ |
| Authorized Signature | |

Send completed form to:

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@varetire.org