

**CHARLES CITY VOLUNTEER FIRE & EMS
MEMBERSHIP APPLICATION**

NAME _____ S.# ____ / ____ / ____
 LAST FIRST MIDDLE

ADDRESS _____

HOME TELEPHONE NUMBER _____ DATE OF BIRTH _____

PLEASE INDICATE WHICH MEMBERSHIP YOU ARE APPLYING FOR:
FF ____ EMT ____ BOTH ____ / AUX ____ ASSOC ____ HONORARY ____

PLACE OF EMPLOYMENT _____ FROM ____ TO ____

WORK TELEPHONE NUMBER _____ SUPERVISOR _____

OCCUPATION _____ NORMAL WORKING HRS. _____

WHAT HOURS WILL YOU BE AVAILABLE? _____

ARE YOU ACTIVE IN THE MILITARY OR RESERVE? ____ YES ____ NO

I UNDERSTAND THAT I WILL BE ON A 30 OR 90-DAY PROBATIONARY PERIOD WHICH WILL BE DETERMINED BY MY PRIOR EXPERIENCE. I AM WILLING TO ABIDE BY THE DEPARTMENTS RULES AND REGULATION. __ YES __ NO

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT WOULD AFFECT YOUR ABILITY TO DRIVE VEHICLES, FIGHT FIRES OR PROVIDE EMS? ____ YES ____ NO

DO YOU HAVE ANY EXPERIENCES OR TRAINING IN FIREFIGHTING OR EMS? __ IF YES PLEASE LIST _____

I UNDERSTAND THAT I MUST SERVE THIS DEPT. FOR TWO YEARS AND IF I CANNOT FULFILL MY COMMITMENT THAT I WILL REPAY THE DEPT. FOR ANY TRAINING.

HAVE YOU EVER BEEN DENIED LIFE OR HOSPITALIZATION INSURANCE? __ YES ____ NO

ARE YOU WILLING TO A CRIMINAL BACKGROUND CHECK? __ YES ____ NO.

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OR FELONIES WITHIN THE LAST FIVE YEARS? __ YES ____ NO IF YES, EXPLAIN _____

DO YOU HAVE A VALID VIRGINIA DRIVER'S LICENSE? ____ YES ____ NO
IF NOT, ARE YOU ELIGIBLE TO OBTAIN ONE? _____ YES _____ NO

ARE YOU WILLING TO ADHERE TO A DRUG SCREEN? ____ YES ____ NO

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____ TELEPHONE# _____
NAME: _____ TELEPHONE# _____

APPLICANT'S SIGNATURE _____ DATE _____

BOARD USE ONLY

APPLICATION APPROVED _____ **DENIED** _____ **DATE** _____
BOARD OF DIRECTORS SIGNATURES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(REV 09/26/09)