

**GUIDELINES FOR NEW MEMBERS**  
**WHO WANT TO BE A**  
**CHARLES CITY VOLUNTEER FIREFIGHTER**  
**OR EMERGENCY MEDICAL PERSONEL (FR/EMT)**

1. Individual must be in good health.
2. New members applying to be FF will be required to complete a mandatory (Firefighter-1 or Fire Attack class which includes CPR, Hazardous Material Awareness & EVOC) within 12 months after the class has been offered to remain in the dept. as a Firefighter.
3. Associate members will also be required to take at least Fire Attack, FR, EVOC and CPR class.(which ever applies)
4. FF will be required to be on duty (20hrs a month at the Station), EMT's will be required to be on duty (16hrs a month at the Station).
5. All members are required to go back to the Station and help prepare equipment to go out again after each fire call. (If you have to leave for work, get with the Incident Commander and He/She will instruct you.)
6. New members applying for EMS will be required to complete a (FR OR EMT) class within 12 months after it has been offered.
7. A set of Standard Operating Procedures and By-Laws will be given to all new members.
8. All new members are required to be on a 30 or 90 day probationary period which will be determined by their previous experience.
9. New members are required to participate in worknights during their probationary period which will held on Tuesdays nights and Training classes on Thursday nights at the Station from 7 PM to 9 PM.
10. After 30 or 90 days their name will be placed on the Official Roster, and they will be issued Equipment and a Door Code.
11. After becoming a member, He/She will be covered by insurance while doing business for the Department.
12. The Department's Monthly Meeting is normally held on Second Tuesdays at 7 PM.
13. A (Firefighter or FR/EMT) must remember that Training never stops.
14. In order to drive equipment, a valid Driver's License will be required. No member will drive equipment unless they have been certified by the training officers.
15. EVOC & 21 years of age will be required to Drive Departments Pumpers and Tankers.

**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)