



Amelia County
Volunteer Fire Department
P. O. Box 307
Amelia, VA 23002



Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

SSN: _____ Date of Birth: _____ Sex: M F

Drivers License Number: _____ Do you have transportation? Y N

Employer: _____

Employer Address: _____ Phone: _____

Working Hours: _____ Length of Service: _____

Names and Phone Numbers of Three References:

Previous Experience:

Please include copies of any applicable certificates. Please include a copy of your driving record from DMV. Please complete and sign a Background Investigation Form.

I understand that if I am accepted as a member of the Amelia County Volunteer Fire Department, pending a background investigation, the Department governs me by its constitution and by-laws. I understand that any deviation from such by-laws, policies, or procedures could result in disciplinary action and/or dismissal from the Department. I understand that any equipment issued to me by the Department remains the property of the Department and must be returned to the Department upon termination of membership with the Department.

Signed: _____ Date: _____