

## Membership Application (Please print)

*The Lovettsville Volunteer Fire and Rescue Company, Inc. does not discriminate against age, race, color, creed, religion, sex, national origin, sexual orientation, marital status, or physical or mental impairment unrelated to the person's ability to carry out their duties.*

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Employer: \_\_\_\_\_ City/State \_\_\_\_\_

### Choose membership desired:

Administrative:  Associate:  Operational:  Reserve:  Cadet (13-16):

### Choose membership category:

Senior Member (21+):  Junior Member (16-20):

### All Applicants:

Do you have any special requirements that we should be aware of: Yes  No

If yes, please give brief description: \_\_\_\_\_

Do you have any medical conditions that we should be aware of: Yes  No

If yes, please give brief description: \_\_\_\_\_

Education: HS  GED  Some College  Degree  Trade School

Do you speak a second language: Yes  No  Language: \_\_\_\_\_

Have you ever been charged with a felony: Yes  No  Convicted: Yes  No

Briefly list any skills or knowledge that may benefit the Company:

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### Operational Applicants:

Are you now or have you ever been a member of any Fire/Rescue Co: Yes  No

If Yes: Where: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Certifications: \_\_\_\_\_

Are they current? Yes  No  Were you an elected officer: Yes  No

Describe your health and physical condition: Excellent  Good  Fair  Other

Do you have a valid Virginia drivers license: Yes  No  Class: \_\_\_\_\_

Are you willing to take training courses: Yes  No

**References:** (please list 3 references)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**Parental Consent for Minors Age 13 to 20:**

I hereby give consent to allow \_\_\_\_\_ to join the Lovettsville Volunteer Fire and Rescue Company, Inc., and to participate in its duties and activities:

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants Signature:**

Your signature below indicates that all answers are true, correct, and complete as stated and you understand that if you are applying as an operational member, you will be required to pass a physical exam paid for by Loudoun County Department of Fire, Rescue & Emergency Management. Your signature also authorizes Lovettsville Volunteer Fire and Rescue Company, Inc. to conduct a police background investigation to determine your eligibility for membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For official use – do not write in this box*

Signature of two senior members in good standing are required before this application can be processed:

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's signatures appearing above indicate their endorsement of this individual for membership as stated in the By-Laws of Lovettsville Volunteer Fire and Rescue Company, Inc.

Reviewed by Membership Committee: Date \_\_\_\_\_ Recommended: YES NO

Voted on by the Executive Board: Date \_\_\_\_\_ Recommended: YES NO

Voted on by the General Membership: Date \_\_\_\_\_ Recommended: YES NO

Criminal Background

Check Reviewed by Executive Board: Date \_\_\_\_\_ Accepted: YES NO

Driving Record Reviewed by:

\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_\_\_ Accepted: YES NO N/A

Name /Position on Executive Board