

**SPERRYVILLE VOLUNTEER FIRE DEPARTMENT**  
**MEMBERSHIP APPLICATION**

Personal Info:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact:

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

Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Personal Reference

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

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

Are you or have you ever been a member of a Vol. Fire or Rescue Dept.? Yes: \_\_\_ No: \_\_\_

If yes: Name of Dept. \_\_\_\_\_ Address: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name of current or previous officer: \_\_\_\_\_ Phone: \_\_\_\_\_

List any previous Fire and/or Rescue courses completed—attach copies of certificates if available: \_\_\_\_\_  
\_\_\_\_\_

Are you currently on disability: yes \_\_\_ no \_\_\_ If yes, reason: \_\_\_\_\_

---

Have you ever been convicted of any violation of the law? Include-Felonies, Misdemeanors, and TrafficViolations: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list offenses: \_\_\_\_\_

---

GENERAL STATEMENT OF RESPONSIBILITIES

1. ACTIVE MEMBERS ARE RESPONSIBLE TO RESPOND TO EMERGENCY CALLS 24 HOURS A DAY, WITH CONSIDERATION FOR EMPLOYMENT, ILLNESS, AND PERSONAL REASONS
2. ALL MEMBERS ARE RESPONSIBLE TO READ & ADHERE TO THE CONSTITUTION AND BY-LAWS, AND ALL PUBLISHED PROCEDURES, REGULATIONS, RULES, NOTICES, AND ORDERS.
3. MEMBERS WHO REQUIRE TRAINING OR SKILL VALIDATION WILL BE ENROLLED IN APPLICABLE COURSES AT THE EARLIEST OPPORTUNITY.
4. ALL MEMBERS WILL BE REQUIRED TO WORK ON FUND RAISING ACTIVITIES.

MEDICAL HISTORY

Do you have a medical condition that would interfere with your ability to perform the duties of a firefighter safely? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

---

Do you take medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list \_\_\_\_\_

---

Do you have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

---

ALL APPLICANTS MUST PROVIDE THE MEMBERSHIP COMMITTEE, AT THE TIME OF APPLICATION, WITH AN OFFICIAL DRIVING RECORD FROM THE D.M.V. THAT WAS ISSUED WITHIN THE PAST 30 DAYS .

I UNDERSTAND THAT THE MEMBERSHIP COMMITTEE CAN REQUIRE AN OFFICIAL CRIMINAL BACKGROUND CHECK PRIOR TO MEMBERSHIP RECOMMENDATION.

I HAVE COMPLETED THIS APPLICATION TRUTHFULLY AND TO THE BEST OF MY ABILITY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# JUNIOR PROGRAM

## 16-18 YEARS OF AGE

To be completed by the parent(s) or guardian.

Any applicant under the age of 18 or still attending high school must have the consent of his/her parent(s) or legal guardian to become a member and participate in the activities of the Sperryville Vol. Fire Dept.

I \_\_\_\_\_, as parent or legal guardian, do hereby give my consent for \_\_\_\_\_ to become an active member of the Sperryville Vol. Fire Dept.

Name of School: \_\_\_\_\_ Current Grade \_\_\_\_\_ GPA \_\_\_\_\_

Juniors must submit to the Chief copies of their last report cards and interim reviews.

Juniors must maintain a "C" or above average to volunteer.

### EMERGENCY CONTACT INFO:

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL # \_\_\_\_\_

To: The Guidance Dept.

From: \_\_\_\_\_

\_\_\_\_\_ has applied to become a Junior member of the Sperryville Vol. Fire Dept. I am requesting that your department verify the he/she is a student in good standing. A written statement is requested.

Thank you.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, give the Guidance Department permission to release the requested information to the SVFD.

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