

Cape Charles Vol. Fire Company #1, Inc.
Station 15
P.O. Box 427, 501 Mason Ave.
Cape Charles, VA 23310
(757) 331-2826
Application for Associate Member

Name:

Last

First

Middle

Address:

PO Box

911 Number

Town

Zip Code

Phone Number:

Home

Cell

Pager/Cell

Personal Information:

SS#

Drivers License #/State of Issue

Date of Birth

Sex(M/F)

Height

Weight

Corrective Lenses(Y/N)

List any known medical conditions:

Primary Physician:

Highest Level of Education **Degree/Certificate Earned**

Current Employer **Job Title** **Years Employed** **Supervisor's Name**

Name of Spouse/Relative:

Name

Physical Address **Telephone**
Number

2nd Contact of closet relative:

Name

Physical Address **Telephone**
Number

*****Please attach copies of any certifications*****

Have you ever been involved in any fire/rescue organizations:

If yes, list where and when:

Can a letter of reference be obtained? If so, please attach:

Please state the reason(s) you wish to join the Cape Charles Vol. Fire Company:

Motor Vehicle/ Criminal History Information:

Operators License Number	State of Issue	Class	Expiration
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List any restrictions/endorsements:

Has your license ever been suspended/revoked? If yes, please explain:

List any DUI convictions and / or any traffic tickets in the past five (5) years:

Have you ever been convicted of a misdemeanor? If yes, please explain:

Have you ever been convicted of a felony? If yes, please explain:

REFERENCES

	Name	Address	Phone	Relationship
1				
2				
3				

Certification:

I do freely submit to the above information as true to the best of my knowledge. I understand that all information provided is complete and if proven to be false, may lead to rejection for membership and/ or dismissal from the Cape Charles Volunteer Company. I understand that all information on this application is subject to verification and I consent to employers, educational institutes, previous/ current affiliations physicians, and references being contacted in regards to this application. I also consent the release of my driving record and criminal history reports. I do agree to abide by all Standard Operating Procedures and By- Laws of the Cape Charles Vol. Fire Company and to any rules or regulations now in effect or hereafter adopted. Failure to due so may result in dismissal.

Upon signing this application I understand that before being voted on I must

take and pass a drug test. If the test comes back positive I understand the Company has the right not to accept my membership.

I understand that the Cape Charles Vol. Fire Company is a volunteer organization and that I shall not receive any monetary compensation. I also understand I shall not be discriminated against regardless of age, gender, religion, or nationality.

I also understand that all my actions can and do reflect on the Cape Charles Vol. Fire Company as a whole. I accept that if I am found to be in violation of any local, state, or federal laws or if I conduct myself unbecoming, I may face a review of membership before the company and that I may be dismissed from further service.

I have read the above statements and fully understand that I will be held to these rules and regulations as long as I am a member of Cape Charles Volunteer Company.

DATE

PRINT NAME

SIGNATURE