

Cape Charges Vol. Fire Company #1, Inc.

Station 15

P.O. BOX 427, 501 Mason Ave.

Cape Charles, VA 23310

(757) 331-2826

Application for Membership

Name: _____
Last First Middle

Address: _____
PO Box 911 Number Town Zip Code

Phone Number: _____
Home Cell Pager / Other

Personal Information: _____
Social Security Number Driver License Number / State of Issue

Date of Birth Sex (Male/Female) 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

Type of Membership:
Check one that applies

Firefighter

Staff Member

Training: Would you be interest in the following courses: check all that apply

| Course Title | Yes | No |
|----------------------------|-----|----|
| Fire Fighter I | | |
| Fire Fighter II | | |
| Hazardous Materials | | |
| Emergency Vehicle Operator | | |
| CPR / First Aid | | |

*** **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 Issuance Class Expiration

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 do 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 Volunteer 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 Volunteer 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 the Cape Charles Volunteer Company.

DATE

PRINT NAME

SIGNATURE

***** DO NOT WRITE ON THIS PAGE *****

Date Application Received: _____

Member Receiving: _____

Date Accepted for Probationary Membership: _____

Date Given By-Laws & SOP's: _____

Date Accepted for Regular Membership: _____

Accepted in as: Active Membership Staff Membership

Comments: _____

