

Castleton Community Vol. Fire Co, Castleton, VA

Application for Membership

Name: _____ DOB: _____

Address: _____ Married: _____

City/State _____ Single: _____

Birth Date _____ Email Address _____

Phone where you can be reached: Home _____ Cell _____

Cell Phone Carrier (Verizon, Sprint, etc.) _____

EMT's Level _____ Expiration _____ Any Previous Violations(Y/N) _____

If Yes please provide a list on the back of this application.

Education: (Circle last grade attended)

Elementary and High School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 Degree Obtained: _____

Name of University/College: _____

Are you presently employed? _____ If so, where? _____

List any and all criminal convictions since your eighteenth (18th) birthday. _____

List any special qualifications you have which may be beneficial to the Fire Co. _____

I, the undersigned, if accepted as a member of the Castleton Community Vol. Fire Co., understand that I will be a probationary member for six (6) months, pledge myself to abide by the bylaws, rules and regulations of said Company and promise to obey all lawful orders pertaining to the work of said Company. Additionally, I authorize Castleton Community Volunteer Fire Co. to obtain a background investigation report conducted by the Virginia Department of EMS and a copy of my Driving Record.

Date of application

Signature of applicant:

SS Number or Drivers License Number

Signature of parent or guardian:
(If required)

Approved by:

Date: _____