



Swoope Volunteer Fire Company

Adult Volunteer Membership Application



Dear Potential Candidate:

Thank you for your interest in the Swoope Volunteer Fire Company, the **BEST** fire company in the county!

Out of twenty-five fire companies and rescue squads in the county, and with approximately 500 volunteers, you will find that Swoope Volunteer Fire Company is a proud place to volunteer. If you become a member of our team, you will be sure to gain valuable skills and life-long friendships.

You will be required to submit a Virginia Department of Motor Vehicles (DMV) driving record with your application, it does not matter if you have a driver's license or not. Please fill out this application in **ink pen** and either drop off along with DMV driving record to the station or mail it to:

**Membership Committee
697 Parkersburg Turnpike
Staunton, VA 24401**

Once you have turned in your application and driving record, you will be given a fingerprint authorization form to take down to the Augusta County Sheriffs' Office for fingerprinting. Once everything has been received, we will contact you for an interview.

ADMIN ONLY:

Date Application Received: _____

Date of Membership Meeting (Interviewed): _____

Date of Fingerprints: _____

Date Voted on for Membership: _____

Yes _____ No _____ Abstained _____

Membership Status: _____

Up for Consideration to Come Off Probation: _____

Actual Date Member Came Off Probation: _____

Yes _____ No _____ Abstained _____

Date Membership Terminated: _____

Yes _____ No _____ Abstained _____

Date Application Completed: _____

Name:
Address:
City/State/Zip:
EMAIL:
Home Phone:
Cell Phone:

Areas of Interest (Fire / EMS / Support / ADMIN):

Driver's License: State & Number:	
Employer/Occupation:	
Employer's Address:	
Employer's Telephone:	
Years Employed:	
High School Attended:	Diploma:
College Attended:	Degree:
Other:	Degree:
Specialized Training:	
Current Fire and/or EMS Certifications:	

PLEASE LIST THREE REFERENCES (not related)				
NAME	OCCUPATION	ADDRESS	PHONE	YEARS KNOWN

What time schedule would you be most interested?

- Daytime
 Evening
 Weekends
 Varied/flexible schedule

Please tell us about any prior volunteer experience you may have.

Please tell us about any prior Fire and/or EMS you may have.

Have you ever been a member of another Fire-Rescue or EMS organization? Yes No
If yes, please list the names of previous organization(s).

1. _____
County State

2. _____
County State

3. _____
County State

Please tell us what interests you in becoming a Swoope Volunteer?

Have you ever been ***convicted*** in the last five years of any criminal violation(s)? Yes No
 If yes, please list year(s) and type of violation(s).

Applicant's Signature: _____ Date: _____

*****To Be Filled Out in the Presence of Notary Public*****

The undersigned, in order to apply for a position as a volunteer member gives permission to the Swoope Volunteer Fire Company and its employees to contact current and prior employers and volunteer organizations of which I am now or have been a member, or in whose activities I have participated, for the purpose of obtaining copies of my records, or oral information related agents, officers and employees and Swoope Volunteer Fire Company, its employees, agents, officers and volunteers from any claims or liability resulting in any manner or arising out of these requests for information and use of the information for the purpose of reviewing my application for membership.

Date: _____ Signature: _____

Name (print or type): _____

COMMONWEALTH OF VIRGINIA,
COUNTY/CITY of _____, to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

My Commission Expires:

Notary Public