



Swoope Volunteer Fire Company

Junior Volunteer Membership Application



Dear Potential Junior 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 _____

Junior Application (16 – 18 years old)

Date	
Name	
Address	
State/City/Zip	
HOME Phone	
CELL Phone	
Email Address	

School Attending	
Graduation Year	
GPA	

Vocational School	
Graduation Year	
GPA	

Fire and/or Rescue Agency of Interest	SWOOPE Volunteer Fire Company (100% Volunteer...100% of the time)
Current Fire and/or Rescue Certifications (if any)	
Why do you want to join?	

Days/Times you would be available	
---	--

Are currently employed? Yes No

If you are employed, please provide the following information?

Employer	
Years Employed	
Occupation	
Employer's Address	
State/City/Zip	
Employers Phone #	

Please tell us about any prior volunteer experience you may have, to include any fire and/or rescue agency history.

Please provide information about a teacher/advisor that could be contacted from your school or educational facility.

Teacher/Advisor Name	
School/ Educational Facility	
Email	
Phone #	

NOTES:

- A copy of your **MOST** recent report card is **REQUIRED** at the time of application submittal, students **MUST** have/maintain a 2.0 GPA
- Fingerprint background checks are required, once application is received, Swoope will contact you and have you go down to the Augusta County Sheriff's Office for fingerprinting

Name of Parent and/or Guardian	
Address	
State/City/Zip	
Phone #	
Parent's Email	

Does your child/dependant have your permission and understanding to apply for membership at the Swoope Volunteer Fire Company?

Yes _____

Parent/Guardian Signature _____

Date: _____

Junior Signature: _____

Date: _____