

# Grottoes Volunteer Fire Department

109 3rd St. Grottoes, Va 24441 P.O Box 67 Grottoes, Va 24441

## Name

First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number:(\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Number:(\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

## Background Information

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for Grottoes Volunteer Fire Department to complete a criminal background check and sex offender check through the Virginia State Police. I understand that I cannot become a member until the results of my background check are in and the Board of Directors has reviewed it. I also understand that having a criminal record within the last five years will prohibit me from becoming a member.

Application Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature (If under the age of 18): \_\_\_\_\_

Membership Type Information:  Active (firefighting, EMS, etc.)  Associate (assistance member – no calls)

Previous Experience: (Active membership Applicants)

Firefighting: \_\_\_\_\_

EMS: \_\_\_\_\_

Other: \_\_\_\_\_

## Health and Safety Information

As a member of the Grottoes Volunteer Fire Department, there are duties that will require lifting, moving, and strenuous work. Do you or have you ever had any health problems that would danger you in fulfilling the duties at the Grottoes Volunteer Fire Department? If so, please list below.

Health Problems: \_\_\_\_\_

Reactions to Medicine: \_\_\_\_\_

Eye Surgery or Glasses: \_\_\_\_\_

Surgery: \_\_\_\_\_

Physical Problems: \_\_\_\_\_

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## Employment References (use at least on supervisor from current or last employment)

	Name	Address	Phone Number	Employer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## Membership Application Emergency Personal Information

### Immediate Family Members

	Name	Address	Phone Number	Employer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Alternate Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Alternate Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Signature of Applicant

I hereby apply for membership in the Grottoes Volunteer Fire Department. I understand that I will be in a probationary status for the first six months of my membership. It is my intention to serve the community as a member of the Grottoes Volunteer Fire Department. I verify that all the information I provided is true to the best of my knowledge. When and if any information changes, I will forward the new information to the business officers of the Grottoes Volunteer Fire Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature (if applicant is under the age of 18): \_\_\_\_\_

### Department Use Only

Approved for Membership

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of President: \_\_\_\_\_