

Grottoes Volunteer Fire Department

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

First: _____ M.I.: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Mobile Number: (_____) _____ - _____ Driver's License #: _____

Email Address: _____ Date of Birth: ____/____/____

Background Information

I give permission for Grottoes Volunteer Fire Department to complete a criminal background check, driving record 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:

Firefighter and/or EMS Responder

Associate (assistance member – no calls)

Previous Experience: (Fire and/or EMS Responder membership Applicants)

Firefighting and/or EMS: _____

Are you currently or have you ever been a member of another Fire Department or Rescue Squad(s)?

If yes, where? (Please list all if more than one) _____

Have you ever been removed or refused membership in another department? _____

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 History:

Present Employer: _____ Address: _____

Type of Work: _____ Date Hired: _____

Previous Employer (if less than 3 years with present employer): _____

Address: _____ Type of Work: _____

Date Hired: _____ Why Left: _____

Do you have any objection to this department checking with your present or former employers as to your character and qualifications? YES NO

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: _____