



Eastville Volunteer Fire Co., Inc.

P.O. Box 301 • 16453 Courthouse Road • Eastville, VA 23347 • 757-678-7503
Email: station17esva@gmail.com

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Last _____ First _____ MI _____

911 address _____

PO Box _____ City _____ State _____ Zip _____

EMPLOYMENT INFORMATION

Current Employer _____

Employer's Address _____

Employer's Phone # _____ Occupation _____

Employed since _____

EDUCATIONAL BACKGROUND

High School _____ Grade completed 9 10 11 12

Date of graduation _____

College/Trade school _____

Degree/Certificate (s) earned _____

MILITARY SERVICE

Branch _____ Dates _____

Type of discharge _____

Occupation / Duties _____

Specialized Training _____

FIRE TRAINING

Firefighter I Year completed: _____

Firefighter II Year completed: _____

EVOC Year completed: _____

Other _____ Year completed: _____

Are you willing to take the training required to ensure your safety and efficient performance as a fire fighter with our agency? Yes No

Current/Previous Fire / EMS affiliation Yes No

If yes, what organization? _____
When? _____

If you are/were a member of any fire/rescue organization within the last two years, you will need a letter of recommendation from that organization attached to this application for consideration of membership to our agency.

PLEASE ATTACH A COPY OF YOUR CERTIFICATION TO THIS APPLICATION

REFERENCES

| | NAME | ADDRESS | PHONE | RELATIONSHIP |
|----|-------------|----------------|--------------|---------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

CERTIFICATION

The applicant freely and voluntarily offers himself/herself for membership in the Eastville Volunteer Fire Company with a desire to be of service to his/her fellow mankind regardless of race, sex, creed or nationality. It is clearly understood by the applicant that he/she is on call at any hour, day or night, providing it does not interfere with his/her work. If the applicant is granted membership, he/she will be governed by the bylaws and the Standard Operating Procedures of the Eastville Volunteer Fire Company.

I hereby certify that all entries on all pages of this application and attachments are true and complete, and that I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any membership in the Eastville Volunteer Fire Company. I understand that all information on this application is subject to verification and I consent to employers, educational institutions, previous/current agency affiliation(s), and references listed being contacted regarding this application. I also consent to drug testing if the Eastville Volunteer Fire Company so desires. I further agree to abide by the NFPA (National Fire Protection Agency) Virginia Rules and Regulations, the Eastville Volunteer Fire Company Bylaws and Standard Operating Procedures, and any rules and regulations now in effect or hereafter adopted.

Date _____ Applicant's signature _____

Date _____ Witness _____

DO NOT WRITE BELOW THIS LINE

Date application received _____

Date accepted by Board of Directors for probationary membership (90 days) _____

Date given copy of Bylaws & SOPs _____

Date accepted by membership for "Regular Membership" (after 90 day probation period) _____

Comments

