



Application for Membership



Namozine Volunteer Fire & EMS Co 4, Inc.
3913 Pelham Avenue
North Dinwiddie, Virginia 23803
Station 804-861-5891 Fax 804-861-2050
www.namozinefireems.org

Dear Applicant:

You must complete all sections of this application. Please print or type the required information using black or blue ink. This application should not be construed as a contract. Volunteer service with Namozine Volunteer Fire & EMS Co. 4, Inc. is at-will and may be terminated at any time with or without notice and with or without cause.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. **Applicants must be at least 16 years of age**

<input type="checkbox"/> Senior Member	<input type="checkbox"/> Junior Member	Date of Application
--	--	---------------------

Name: Last	First	Middle
------------	-------	--------

Address: Number	Street	City	State	Zip
-----------------	--------	------	-------	-----

Telephone # Home	Work	Cell
------------------	------	------

Date of Birth	Age
---------------	-----

Area of Interest: **Full Member** Fire Suppression EMS Both Fire/EMS
Associate Member Fire Suppression EMS Both Fire/EMS
Support Member

Indicate when you are most likely able to answer Fire and/or EMS calls (select all that apply)

Day Night Weekends

Your normal work hours _____

Are you able to regularly attend meetings/trainings (Monday Nights)

Yes No

Are you able to perform the physical requirements of the position for which you have applied

Yes No

If no, explain

Education

Circle Highest Grade Completed	Name and Address of School	Course of Study	Date Completed	Diploma Degree
High School				
College				
Vocational / Trade School				

Special Skills and Training

Describe any specialized training, apprenticeship, skills, etc.:

Fire & Emergency Services Experience

Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?
CPR Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Firefighter I <input type="checkbox"/> Yes <input type="checkbox"/> No
Expiration Date: _____	Firefighter II <input type="checkbox"/> Yes <input type="checkbox"/> No
	Haz-Mat Ops <input type="checkbox"/> Yes <input type="checkbox"/> No
	EVOG <input type="checkbox"/> Yes <input type="checkbox"/> No
EMT License Level:	
<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT-B
	EMS License # _____
<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic
	EMS Expiration Date _____
Please list any other formal Fire or EMS training or certifications:	

Personal References – Do Not List Relatives or Fire Department Members

Name	Address	Phone: (night and day)
1.	_____	_____
2.	_____	_____
3.	_____	_____

Employment / Volunteer History

If you need additional space, please use the space for additional or explanatory information below or attach additional pages as required.

Current Occupation

Employer _____ Address _____ _____ Supervisor _____ Supervisor's Title _____ Telephone _____ Employed From _____ Employed To _____	Your Job Title _____ Describe Your Work _____ _____ _____ _____ _____ _____
---	---

Volunteer Organizations

Have you ever been or currently a member of a Fire or EMS Agency / Organization?

Yes No

May we contact your present agency? Yes No

Agency/Organization _____
 Address _____
 Telephone _____
 Membership Dates From _____ Membership Dates To _____
 Your Job Title _____ Supervisor _____
 Describe Your Work _____

General

Have you ever been charged with a traffic offense or pleaded guilty or "no contest to a traffic offense?"

Yes No

Indicate below **every TRAFFIC SUMMONS** received in this Commonwealth or elsewhere **excluding parking violations** within the last five (5) years

Date	Violation (Actual Charge)	Location	Court Disposition or Sentence	Police Agency

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily, or permanently, a professional license or certificate in any state?

Yes No

Have you ever been charged with or investigated for misappropriation of funds, embezzlement, stealing or violating confidences in any prior employment situation or otherwise?

Yes No

Have you been convicted of a felony or a misdemeanor in which a fine in excess of \$50.00 was imposed within the last 10 years? Yes No (This question will not necessarily exclude you from volunteering, but will be used to weigh the relationship between the offense(s) and the position applied for). Omit juvenile offenses. Include convictions of a general court-martial while in the military service. If yes, explain: _____

Parent/Guardian Permission

If the applicant is under eighteen (18) years of age, parental permission must be given on this form.

I/We _____, am/are the parent(s)/guardian(s) of _____

who is applying for membership with Namozine Volunteer Fire & EMS Co. 4, Inc. I/We am/are fully aware that there are several dangers involved in Firefighting and/or EMS activities (including but not limited to: burns, exposure to smoke and chemicals, exposure to communicable diseases, and other traumatic injury) I/We do hereby grant permission for our son / daughter _____ to belong to the Namozine Volunteer Fire & EMS Co. 4, Inc. if he/she is accepted. **I understand that a parent must accompany their child to the interview.**

Notary: _____

Parent: _____

Parent: _____

My Commission Expires _____

Date: _____

Certification & Authorization

I certify that all the information that I provide on this application and in any interviews will be true and accurate. I understand that any falsification of information or misleading or omitted information shall be fully sufficient grounds to refuse membership, or have been accepted as a member, shall be immediate grounds for dismissal.

My signature below constitutes authorization to check my employment and education history, including without limitation, criminal/driving records, reference and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Department contacts in connection with my membership application to fully provide the Department any information on the matters set forth without limitation, and I specifically waive any claims for defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the department, its agents or officials, or against any provider of such information.

In consideration of my membership at the Department, should I be selected, I agree to conform to the rules and regulations of the Department. I understand that I am an "member at will" and that my membership can be terminated, with or without cause and with or without notice, at any time at the option of either the Department or myself.

I have read this application form carefully, and understand the meaning of its provisions and agree to abide by them.

Date signed: _____

Signature: _____

For Company Use Only:

Date: _____ Membership Committee Comments: _____

Members Present: _____

Members Absent: _____

Member Fill-Ins: _____

Date: _____ 90-Day Probation: Accepted Denied

Reason: _____

Date: _____ Full Membership: Accepted Denied

Reason: _____

Criminal History Check: Finger Print Card : Driving Record: References: Drug Testing

Revised: 09/16/18