



Manassas Volunteer Fire Company

Rev. 01/14

Membership Application

MEMBERSHIP #: _____
TO BE COMPLETED BY MVFC

DATE: _____

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE SUFFIX

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ EMAIL ADDRESS: _____

DOB: _____ CITIZENSHIP: _____

DRIVER'S LICENSE #: _____ STATE: _____ CLASS: _____

HEIGHT: _____ WEIGHT: _____ SEX: MALE FEMALE BLOOD TYPE: _____

HAIR COLOR: _____ EYE COLOR: _____

EDUCATION

HIGH SCHOOL ATTENDED: _____

GRADUATED? Yes No GED? Yes No DATE: _____

COLLEGE ATTENDED: _____

DEGREE, CERTIFICATE OR CREDITS AWARDED: _____

MEDICAL INFORMATION

USE ADDITIONAL PAGES IF NEEDED

DO YOU HAVE ANY PHYSICAL CONDITIONS OR ILLNESS THAT MIGHT PREVENT YOUR FULL PARTICIPATION IN FIRE COMPANY ACTIVITIES? Yes No IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER HAD EPILEPSY OR ANY OTHER MENTAL OR NERVOUS AILMENT, OR BEEN A PATIENT IN AN INSTITUTION FOR TREATMENT OF SUCH AILMENT? Yes No IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: _____ RELATIONSHIP: _____
NAME

ADDRESS: _____ PHONE #: _____

EMPLOYMENT HISTORY

START WITH MOST RECENT

1. EMPLOYER: _____ PHONE: _____
ADDRESS: _____
TYPE OF WORK: _____ DATES WORKED: _____ TO _____
REASON FOR LEAVING: _____

2. EMPLOYER: _____ PHONE: _____
ADDRESS: _____
TYPE OF WORK: _____ DATES WORKED: _____ TO _____
REASON FOR LEAVING: _____

3. EMPLOYER: _____ PHONE: _____
ADDRESS: _____
TYPE OF WORK: _____ DATES WORKED: _____ TO _____
REASON FOR LEAVING: _____

EMERGENCY SERVICES EXPERIENCE

HAVE YOU EVER BEEN A MEMBER OR EMPLOYEE OF ANOTHER FIRE/RESCUE ORGANIZATION? Yes No
IF YES, WHERE? _____

HAVE YOU EVER BEEN REMOVED FROM OR REFUSED MEMBERSHIP IN ANOTHER FIRE/RESCUE ORGANIZATION?
Yes No
IF YES, PLEASE EXPLAIN: _____

LIST ANY FIRE AND/OR EMERGENCY MEDICAL TRAINING YOU POSSESS WHICH MIGHT MAKE YOU A MORE VALUABLE MEMBER OF THIS COMPANY: _____

LIST ANY VIRGINIA FIRE/RESCUE CERTIFICATION (S) AND DATES OF EXPIRATION (PLEASE ATTACH COPIES TO APPLICATION): _____

BACKGROUND INFORMATION

DO YOU HAVE ANY OBJECTION TO THE MANASSAS VOLUNTEER FIRE COMPANY, INC. CHECKING WITH PRESENT AND FORMER EMPLOYERS AS TO YOUR CHARACTER AND QUALIFICATIONS? YES NO

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO

IF SEPARATED FROM THE ARMED FORCES, WAS SEPARATION UNDER OTHER THAN HONORABLE CIRCUMSTANCES? YES NO

PRIOR TO SUBMISSION OF THIS APPLICATION, WERE ANY OF THE MEMBERS OF THIS FIRE COMPANY PERSONALLY KNOWN TO YOU? YES NO

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES NO

HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
IF YES, EXPLAIN IN DETAIL, USING ADDITIONAL SHEETS AS NEEDED: _____

DO YOU REALIZE?

THAT, IF YOU ARE ELECTED TO THE MANASSAS VOLUNTEER FIRE COMPANY, INC., IT WILL BE ON A ONE (1) YEAR TRIAL BASIS AFTER WHICH TIME THE LINE OFFICERS OF THE COMPANY WILL MAKE A RECOMMENDATION TO THE MEMBERSHIP WHO WILL VOTE ON PERMANENT MEMBERSHIP IN THE COMPANY?

YES NO

THAT, IF ELECTED TO PROBATIONARY MEMBERSHIP, YOU SHALL BE EXPECTED TO COMPLY WITH ALL OF THE BY-LAWS OF THE COMPANY OR RISK LOSS OF MEMBERSHIP?

YES NO

THAT YOUR ATTENDANCE WILL BE REQUIRED AT FIRE COMPANY ACTIVITIES, RESULTING IN CONSIDERABLE DEMANDS UPON YOUR TIME?

YES NO

THAT BEING A MEMBER DOES NOT GIVE YOU ANY SPECIAL PRIVILEGES WITH RESPECT TO OBEYING ALL SPEED LIMITS, TRAFFIC SIGNALS/DEVICES WHEN ANSWERING FIRE CALLS?

YES NO

THAT YOU SHALL BE EXPECTED TO COMPLETE (AT COMPANY EXPENSE) A PHYSICAL EXAMINATION BEFORE BEING VOTED ON FOR PROBATIONARY MEMBERSHIP?

YES NO

THAT ALL MEMBERS ARE EXPECTED TO REGULARLY ATTEND SCHEDULED DRILLS?

YES NO

THAT NO MEMBER OF THE COMPANY SHALL APPEAR AT A COMPANY MEETING, REPORT FOR DUTY, OR RESPOND ON ANY CALL WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, NOR SHALL A MEMBER USE INSULTING, INDECENT OR OTHERWISE IMPROPER LANGUAGE WHILE REPRESENTING THE COMPANY IN ANY CAPACITY OR PARTICIPATING IN ANY COMPANY FUNCTION UNDER PENALTY OF EXPULSION?

YES NO

CAREFULLY READ AND SIGN THE FOLLOWING STATEMENT:

I, _____, AUTHORIZE THE MANASSAS VOLUNTEER FIRE COMPANY, INC. TO MAKE A COMPLETE BACKGROUND CHECK ON ME, INCLUDING DRIVING RECORD, CREDIT CHECK AND POLICE RECORD.

SIGNATURE: _____

DATE: _____

MEDICAL INVESTIGATION

I, _____, AUTHORIZE THE MANASSAS VOLUNTEER FIRE COMPANY, INC. TO INCLUDE A DRUG SCREENING TEST AS PART OF THE MANDATORY PHYSICAL EXAMINATION AND ALL RESULTS OF THIS EXAMINATION TO BE RELEASED TO THE MANASSAS VOLUNTEER FIRE COMPANY, INC.

SIGNATURE: _____

DATE: _____

CAREFULLY READ AND SIGN THE FOLLOWING STATEMENT:

I, CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS FORM IN ITS ENTIRETY AND THAT THE INFORMATION HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, SHOULD ANY STATEMENT I MAKE PROVE FALSE, MISLEADING OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY APPLICATION OR IN MY DISCHARGE FROM THE MANASSAS VOLUNTEER FIRE COMPANY, INC. UPON RESIGNATION OR TERMINATION OF MY MEMBERSHIP, I AGREE TO RETURN ALL ITEMS ISSUED BY THE COMPANY, INCLUDING, BUT NOT LIMITED TO RADIOS, PROTECTIVE GEAR, UNIFORMS, AND ANY OTHER ITEMS ENTRUSTED TO ME.

SIGNATURE: _____

DATE: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

SPONSORING MEMBERS:

	NAME (PRINT)	SIGNATURE	DATE:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

FOR MEMBERSHIP COMMITTEE USE ONLY

1. DATE APPLICATION FILED: _____	RECEIVED BY: _____
2. DATE OF PROBATION: _____	
3. DATE OF PERMANENT MEMBERSHIP: _____	
4. DATE OF POLICE CHECK: _____	BY: _____
5. DATE OF DRIVING CHECK: _____	BY: _____
6. DATE OF EMPLOYMENT CHECK: _____	BY: _____
7. DATE OF PHYSICAL EXAM REVIEW: _____	BY: _____
8. DATE APPLICANT GIVEN SOP BOOK: _____	BY: _____
9. DATE APPLICANT GIVEN COPY OF BY-LAWS: _____	BY: _____

COMMENTS: SS# _____