

Person to notify in case of an Emergency

Name: _____ Telephone No: _____

Address: _____

Relation: _____

References

Please list 3 references, not related to you by blood, adoption, or marriage that you have known for at least one year. References should not be members of the Mechanicsville Volunteer Fire Department, Inc.

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Previous Experience

Do you have any firefighting experience? If so, please provide any previous fire departments or rescue squads that you have been affiliated with and provide copies of training records and/or a MFRI Transcript. (Use additional paper if necessary)

Department Name: _____ Phone No: _____

Address: _____ Officer: _____

Department Name: _____ Phone No: _____

Address: _____ Officer: _____

Department Name: _____ Phone No: _____

Address: _____ Officer: _____

Have you ever been convicted of any offense other than a minor traffic violation?

_____ Yes

_____ No

If yes explain: _____

Do you have any known physical or permanent disabilities, which might hinder your ability to take part in firefighting activities? (Must also have Health Certificate completed)

_____ Yes

_____ No

If yes explain: _____

Why do you want to join the Mechanicsville Volunteer Fire Department?

CERTIFICATION

I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. IF ACCEPTED FOR MEMBERSHIP I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE MECHANICSVILLE VOLUNTEER FIRE DEPARTMENT.

Final acceptance for membership is contingent on the completion of a criminal background check. All members are subject to random drug testing.

Signature: _____

Date: _____

If you are under 18 years of age, the signature of a parent or guardian is required.

Signature: _____

Date: _____

Relation: _____

01/05/06

DEPARTMENT USE ONLY

Signature of Sponsor: _____

Signature of Officer: _____

Date Nominated: _____

Date Voted On: _____

Held For: _____

Accepted: _____ Denied: _____