



Arrington Volunteer Fire Department Inc.

"The Unpaid Professionals"

Membership application

SECTION 1: PERSONAL INFORMATION

Name of applicant: (First) _____ (Middle) _____ (Last) _____

Street: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Sex: M/F Social Security Number: _____ Driver's License number/State: _____

Date of birth: _____ Are you over the age of 18: Y/N Active Duty/Retired Military: Y/N

Have you ever been convicted of a Traffic Violation, Misdemeanor or Felony? Y/N If yes list the date(s) and nature of the charge: _____

SECTION 2: EMPLOYMENT AND EXPERIENCE

Current employer (if applicable): _____ Length of employment: _____

Have you ever filed an application with Arrington Vol. Fire Dept. Inc before: Y/N If YES when? _____

Have you ever worked for/volunteered at a fire and/or rescue squad: Y/N Where: _____ When: _____

Have you ever been discharged for misconduct or asked to resign from a fire/rescue department: Y/N

If YES please provide details: _____

What Highschool did you attend: _____ Location city/state: _____

Did you graduate or receive a GED: Y/N Date of graduation or received GED: _____

Do you attend college: Y/N Dates attended, Major or Degree awarded: _____

Do you have any Fire, Rescue or EMS certifications? Y/N If YES please attach certifications with this application.

SECTION 3: MEDICAL HISTORY

Have you/Do You...

Had an operation? Y/N

Been seriously injured? Y/N

Refused employment for health reasons: Y/N

Been forced to resign from a job/volunteer position for health reasons: Y/N

Fractured any bones or dislocated Joints Y/N

Been refused life insurance? Y/N

Injured your back? Y/N

Suffered from lung problems? Y/N

Suffered from heart problems? Y/N

Diagnosed with an illness caused by your job/Volunteer position? Y/N

Suffered from swelling of legs/ankles? Y/N

Suffered from fainting or dizziness? Y/N

Suffered frequent headaches? Y/N

Wear Hearing aids? Y/N

Wear Glasses? Y/N

Been hospitalized or on medication for mental illness? Y/N

On any Medications? Y/N

Suffer from claustrophobia? Y/N

If you answered YES to any of the above, please provide more information: _____

SECTION 4: REFERENCES

Please provide three 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 Arrington Volunteer Fire Department inc.

Name: _____ Relation: _____ Contact info: _____

Name: _____ Relation: _____ Contact info: _____

Name: _____ Relation: _____ Contact info: _____

Please provide any previous Fire Dept. or Rescue squads that you have been a member of, Dept. Name and Contact info:

Who, if anybody, referred you to Arrington Volunteer Fire Department inc.?: _____

SECTION 5: ACKNOWLEDGEMENT

The following information must be provided by or will be obtained on behalf of all applicants: Criminal Record, State Criminal Check, DMV Record and Report card (if still in high school).

By signing before, I signify that I have applied for the membership of Arrington Volunteer Fire Department inc.; and that I have answered all questions truthfully and to the best of my knowledge; and that I fully understand that any intentional false statement may be grounds for dismissal from the department. Furthermore, I hereby grant to the Arrington Volunteer Fire Department inc. permission to contact my employer, references, and any other persons or agencies who may have knowledge of me, my skills and my experience as may be deemed necessary. I also understand that I may be required to undergo a mandatory physical, performed by the Departments doctor, at the Departments expense to be considered for operational membership.

Signature: _____ Date: _____