



Marshall Volunteer Fire Department, Inc.

P. O. Box 207
Marshall, Virginia 20116
540-364-2047

NEW MEMBER APPLICATION

INSTRUCTIONS: Complete the entire application (legibly), return it along with a copy of your Driving Record from DMV and a copy of your valid Driver's License to the Membership Committee. Upon receipt, the Committee will review the Application and a member of the Committee will contact you to arrange for an interview. If you are under the age of 18, you must have your parent(s) execute the form on Page 5.

PERSONAL INFORMATION:

NAME: _____ Social Security Number: _____

Mailing Address: _____

Physical Address (if different than mailing address): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ Height: _____ Weight: _____ Shirt Size: _____

Marital Status: _____ Spouse's name (if applicable): _____

Allergies (if any): _____

APPLYING FOR (check one):

 SENIOR MEMBERSHIP: Any member who, after satisfying the probationary requirements, intends to participate in fire fighting duties. Such members are required to attend two-thirds (2/3) of all scheduled company training sessions and two-thirds (2/3) of all general membership meetings, as well as participate with fundraising activities. A senior member must be enrolled and or completed Firefighter I and CPR within the first year of membership. The member may, after one year and the completion of the year probationary period (full voting privileges), hold administrative and operational office if elected or appointed.

_____ **JUNIOR MEMBERSHIP:** Any member who is between the ages of 14 – 18, and after satisfying the probationary and County requirements, intends to participate in fire fighting duties. Such members are required to participate in maintenance of building/vehicles/equipment and must participate with fundraising activities. Such member will not have voting rights, nor can such member hold an administrative office.

_____ **SUPPORT MEMBERSHIP:** Any member not desiring to participate in firefighting duties. Such members are required to attend two-thirds (2/3) of all general membership meetings, as well as participate with two-thirds (2/3) fundraising activities. The member may, after one year probationary period, hold administrative office if elected or appointed and may serve as a committee chair.

CURRENT EMPLOYER:

Name: _____ Occupation: _____

Address: _____

Phone Number: _____ Supervisor: _____

How long in present position: _____ May we contact your employer? _____

EDUCATION:

Grades 1-12: Highest Grade Completed: _____ College/Trade School Completed _____ yrs.

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces? Yes _____ No _____
If not now in the military, was your separation under other than honorable circumstances? Yes _____ No _____

PREVIOUS FIRE FIGHTING EXPERIENCE:

Attach copies of any certifications (Firefighter 1-2; First Responder; CPR, EMT-B; EVOC; DPO, etc.)

Certifications	Date Issued	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL STATEMENT:

Please describe why you are interested in applying for membership in the Marshall Volunteer Fire Department and what skills, knowledge or experience you think would make you qualified for membership.

REFERENCES:

Please list individuals who can serve as a personal reference for you. Avoid listing family members. Choose current or former employers (other than those listed in this application), teachers, ministers, neighbors or current or past members of the fire department.

Name	Address	Phone	Years Known
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

VERIFICATION DATA:

Have you ever applied or been a member of the Marshall Volunteer Fire Department or any other department in the past? Yes _____ No _____

If yes, when and where? _____

Have you ever been refused membership in, suspended or discharged from, ANY Fire or Rescue Department?

Yes _____ No _____

If yes, please explain: _____

Have you been, or are you now being treated for any medical condition(s) that may prohibit you from performing the duties of the position for which you are applying? Yes _____ No _____

If yes, please explain: _____

Do you have any objection to this department checking with present or former employers as to your character and qualifications? Yes _____ No _____

If yes, please explain: _____

Prior to submission of this application, have you known any member of this department?

Yes _____ No _____

If yes, who? _____

CONSENT AGREEMENTS AND AUTHORIZATION:

Please read the following statements carefully. These statements must be signed.

I certify that the facts set forth in the above Membership Application are true and complete to the best of my knowledge, and that I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If a background investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected and I could be disqualified from ever providing volunteer service with the Marshall Volunteer Fire Department, Inc.

I hereby certify that I have never been (1) convicted of any felony; (2) convicted of any crime involving sexual misconduct or morals and decency; (3) convicted of any crime involving sexual or physical abuse of children, the elderly or infirm; (4) convicted of any crime involving abuse, neglect, or financial exploitation; or (5) convicted of any crime involving initiating a false alarm.

For the purposes of this membership application, and, if accepted as a member, periodic recertification while a member of the Marshall Volunteer Fire Department, I expressly authorize the Marshall Volunteer Fire Department, the Fauquier County Fire and Rescue Association and/or any employee, agent or representative thereof to conduct a background investigation, including but not limited to: an investigation of my personal history, criminal history, driving record, and/or employment history. I expressly consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited. I expressly consent to random drug testing at the discretion of the department. This authorization will be valid for the entire length of my membership with the Marshall Volunteer Fire Department.

Date

Applicant’s Signature

PARENT CONSENT (if applicable):

As the parent or guardian of the above applicant, I approved of my child to participate in Fire and Rescue Services.

As a parent I understand the occupation of Firefighting or Training has been declared hazardous by the Commissioner of Labor and Industry pertaining to Teenagers. Under the code of VA 40.1-79.1., any person sixteen years and older may be authorized by ordinance to work with or participate fully in all activities of a Volunteer Fire Department provided such person has attained certification under National Fire Protection Association 1001, level one firefighter standards administered by the Department of Fire Programs.

As a parent or guardian I agree to monitor the grades of my child and make sure that the Fire and Rescue is not interfering with school studies. If at any point the student’s grades fall below a “C”, the parent will not allow his or her child to the station until the grade is back in compliance.

As the Parent or Guardian, You agree to know when your child will be at the station, and when HE or She is not.

Date

Parent/Guardian Signature

FOR MVFD USE ONLY:

Date Application Received: _____

Received By: _____

Date Committee Reviewed: _____

Reviewed By: _____

Date of Interview: _____

Interviewed By: _____

Recommended to Membership: _____

Date Recommended: _____

Membership Vote: _____

Date Voted: _____

Status Change: _____

Date: _____

Remarks: _____
