



Eastville Volunteer Fire Department, Inc.  
16453 Courthouse Rd PO Box 301 Eastville VA 23347  
Phone (757) 678 7503

**APPLICATION FOR MEMBERSHIP**

**PERSONAL INFORMATION**

NAME

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

911 Address \_\_\_\_\_ PHONE \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone # \_\_\_\_\_

Employed since \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School \_\_\_\_\_ Grade Completed 9 10 11 12

Date of Graduation \_\_\_\_\_

College/Trade School \_\_\_\_\_ Years Attended 1 2 3 4

Degrees/Certificates Earned \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Type of discharge \_\_\_\_\_

Occupation/Duties \_\_\_\_\_

Specialized Training \_\_\_\_\_

**FIRE TRAINING**

Fire Fighter 1 ( )                      Completed in Year \_\_\_\_\_  
Fire Fighter 2 ( )                      Completed in Year \_\_\_\_\_  
EVOC ( )                                  Completed in year \_\_\_\_\_

Other \_\_\_\_\_

Are you willing to take the training required to ensure your safety and efficient performance as a Fire fighter with our Agency? ( ) Yes ( ) No  
Current/Previous Fire/EMS affiliation? ( ) Yes ( ) No  
If yes, what organization? \_\_\_\_\_

When? \_\_\_\_\_

If you are/were a member of any fire/rescue organization within the last two years, you will need a letter of recommendation from that organization attached to this application for consideration of membership too our agency.

**PLEASE ATTACH A COPY OF YOUR CERTIFICATION(S) TO THIS APPLICATION**

**REFERENCES**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**CERTIFICATION**

The applicant freely and voluntarily offers himself/herself for membership in the Eastville Volunteer Fire Department with a desire to be of service to his/her fellow mankind regardless of race, sex, creed or nationality. It is clearly understood by the applicant that he/she is on call at any hour, day or night, providing it does not interfere with his/her work. If the applicant is granted membership, he/she will be governed by the Bylaws and the Standard Operating Procedures of the Eastville Volunteer Fire Department.

I hereby certify that all entries on all pages of this application and attachments are true and complete, and that I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any membership in the Eastville Volunteer Fire Department. I understand that all information on this application is subject to verification and I consent to employers, educational institutions, previous/current agency affiliations, physician, and references listed being contacted regarding this application.

I also consent to drug testing if the Eastville Volunteer Fire Department so desires. I further agree to abide by The NFPA (National Fire Protection Agency), Virginia Rules and Regulations, the Eastville Volunteer Fire Department Bylaws and Standard Operating Procedures, and any rules and regulations now in effect or hereafter adopted.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**If under the age of 18 years old a Parent/Guardian must also sign**

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Date Application received \_\_\_\_\_

Date Accepted by the Membership for Probationary Membership (90 days) \_\_\_\_\_

Date given a copy of the Bylaws & SOP'S \_\_\_\_\_

Date Accepted by Membership for "Regular Membership" (after 90-day probation period)

\_\_\_\_\_

Comments:

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