



Gasburg Volunteer Fire Department
P.O. Box 225 / 1705 Baird Road
Gasburg, Virginia 23857



MEMBERSHIP APPLICATION

Date of Application: _____ Soc. Sec. #: ____/____/____

Applicant Name: _____ Date of Birth: ____/____/____

Physical Address: _____ Male Female

City: _____ St. _____ Zip: _____

Mailing Address: (If Different from Physical Address) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Height: _____ Weight: _____ Hair: _____ Eye Color: _____ Blood Type: _____

List any allergies you have: _____

SELECT THE MEMBERSHIP TYPE DESIRED:

FULL
<input type="checkbox"/> Firefighter <input type="checkbox"/> EMS

ASSOCIATE
<input type="checkbox"/> Firefighter <input type="checkbox"/> EMS

JUNIOR
<input type="checkbox"/> Firefighter <input type="checkbox"/> EMS

Note: If applying for both Firefighter & EMS, check both under the appropriate membership type.

Please list all certifications you currently hold: (Attach an additional page if necessary)

FIRE CERTIFICATIONS

EXP DATE

_____	_____
_____	_____
_____	_____

EMS CERTIFICATIONS

EXP DATE

CERT/LIC #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Two (2) CHARACTER REFERENCES (Other than family)

1) Name _____ Relationship: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

2) Name _____ Relationship: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Emergency Contact Information:

1) Name _____ Relationship: _____
Home Phone: _____ Work Phone: _____

What Days of the week and times are you generally available for calls:

<input type="checkbox"/> Monday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights	<input type="checkbox"/> Friday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights	<input type="checkbox"/> Saturday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights	<input type="checkbox"/> Sunday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights
<input type="checkbox"/> Thursday	<input type="checkbox"/> Daytime	<input type="checkbox"/> Nights	<input type="checkbox"/> Anytime		

Current Employer: _____ City/State: _____
What type of work do you do? _____
What hours/days do you work: _____

INSTRUCTIONS: Each applicant is responsible for obtaining a current copy of their criminal history background check, and driver's license record at their own expense. The criminal history must be clear of any felony convictions, or other misdemeanors deemed a detriment to GVFD's mission. The driver's record must be clear of reckless driving, DUI, or other serious infractions and should show + safe driver points. **AFTER OBTAINING THESE REPORTS, ATTACH THEM TO THIS APPLICATION AND SUBMIT ENTIRE PACKAGE TO ANY OFFICER OF GVFD.**

PLEDGE OF SERVICE:

I do hereby apply for membership in the Gasburg Volunteer Fire Department and promise to abide by the rules and Bylaws of the department. Additionally, I promise to do all in my power as a firefighter and/or EMS member to save lives and property and to participate in all fundraisers to the best of my ability. If applying for full membership, I understand that I am expected to participate in as many calls, meetings, and fundraisers as possible. Accordingly, should my attendance drop below the 50% level in any category, I understand that the Board of Directors may make changes in my membership status.

I affix my signature below as my affirmation that I will faithfully honor my PLEDGE OF SERVICE and that all information on this application is true and accurate to the best of my knowledge.

_____ Applicant _____ Date

MEMBERSHIP VOTE: DATE: _____ APPROVE DISAPPROVE

_____ Member's Entrance Date: _____
Presiding Officer

COMMENTS: _____
