



# **GASBURG VOLUNTEER FIRE DEPT. ~ CO. 6**

**P.O. Box 225 / 1705 Baird Road ~ Gasburg, Virginia 23857**  
**Firehouse Phone: 434-577-2561 ~ Firehouse Fax: 434-577-9042**  
**EMAIL: [gvfdco6@hotmail.com](mailto:gvfdco6@hotmail.com)**

## **MEMBERSHIP APPLICATION**

**DATE OF APPLICATION** \_\_\_\_\_

**APPLICANT NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**SSN#** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**HOME PHONE** \_( ) \_\_\_\_\_ **WORK PHONE** \_( ) \_\_\_\_\_

**TYPE OF MEMBERSHIP:    FULL    ASSOCIATE    JUNIOR    LIFE    (Circle One)**

Note: Each applicant is responsible for obtaining a current copy of their criminal history background check and driver's license record at their expense. The background check shall be clear of all felony charges, d.u.i. charges, and other major offenses that may discredit the GVFD. These documents shall be submitted to the GVFD Board of Directors.

### **TWO (2) CHARACTER REFERENCES (Can not be a Family or GVFD Member)**

1) **NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

2) **NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**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 said company, and hereby promise to do all in my power as a firefighter and/or member to save lives and property and participate in all fundraisers when called upon to do so.**

**SIGNED** \_\_\_\_\_

**Board of Directors Recommendation:**    Approve    Disapprove    (Circle One)

**Signed by Officer in Charge:** \_\_\_\_\_

**Member's Entrance Date** \_\_\_\_\_