

CRAWFORD TOWNSHIP VOLUNTEER FIRE DEPT, INC
121 SHAWBORO ROAD
MOYOCK, NC 27958
252-232-3313
APPLICATION FOR MEMBERSHIP

Print Full Name: _____

Current Address: _____ Date of Birth: _____
 _____ Highest Grade Comp: _____
 _____ GED: _____ (yes) _____ (no)
 _____ Social Security: _____ - _____ - _____

Home Phone: _____ Cell: _____ Email: _____

Present Employer: _____

Address: _____ How Long Employed: _____

Supervisor: _____

Employer Phone: _____ May We Contact: _____ (yes) _____ (no)

**DRIVERS LICENSE: YOU MUST SUBMIT A CURRENT COPY OF YOUR DMV DRIVING RECORD
 WITH THIS APPLICATION FOR IT TO BE CONSIDERED.**

Driver License #: _____ State: _____

Valid: _____ (yes) _____ (no) If no give explanation: _____

A CRIMINAL BACKGROUND CHECK IS REQUIRED BY ALL APPLICANTS PRIOR TO MEMBERSHIP BEING GRANTED.

Have you ever been charged or convicted of a Felony? _____ yes _____ no If yes please give

details: _____

Do you hold any certifications in Fire, Rescue, Hazmat, or EMS: _____ (YES) _____ (NO) (attach copies)

List any current or past Emergency Service Organizations that you are or have been affiliated with:

Department	Contact Person	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any skills, training or field work which may be useful in the performance of activities at this department:

MEMBERSHIP CONTRACT

I _____, a potential member of the Crawford Twp Vol Fire Dept do hereby understand that I will be on probation for six month and shall have NO voting rights in the department business during that time. I understand that I should strive to obtain a fire certification and hold a current CPR card at all times. Should I be unable to meet the training requirements held on the last Wednesday of the month and outlined as (36) hours per year, (18) of which must be in house training, I will request a leave of absence from the Board of Directors. I will also strive to attend a minimum of 50 % of the Business meetings scheduled for the first Wednesday of each month at 8:00pm.

I _____, a potential member of the Crawford Twp Vol Fire Dept will obey by the by-laws set up by the department and any and all guidelines. I understand upon acceptance of my application for membership, I will be assigned an officer to monitor my performance, attendance, and will cordinate me into this department. I will attend the Bloodborne/Airborne Pathogens class and the Hippa class before I am considred by the Chief to be released to respond to calls.

I _____, a potential member of the Crawford Twp Vol Fire Dept understand that I may have my driving record checked at least annually and do hereby give permission. I understand should there be a conviction, suspension, or revoke of my driver license, I will notify the Chief within (2) days.

I _____, do hereby consent to having a criminal history background check conducted by the Crawford Twp Vol Fire Dept.

EMERGENCY CONTACT

NAME _____ PHONE _____

Print Full Name of Applicant

Signature of Applicant

Printed Witness Name

Signature of Witness

FOR OFFICIAL USE ONLY

Date first read: _____

Date Accepted: _____ President Signature: _____

Date denied: _____

Date Tabled: _____ Reason: _____

Comments: _____

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Assigned Officer: _____

Bloodborne/Airborne Pathogens: Date: _____ Hippa: _____