



South Hill Volunteer Fire Department
 114 N. Brunswick Ave, South Hill, Virginia 23970
 (434) 447-8227



★ Service ★ Honor ★ Valor ★ Fortitude ★ Dedication ★

MEMBERSHIP APPLICATION

Membership Type: _____ **Date:** ____/____/____
 (active, support, junior)

Name: _____ **SSN:** ____-____-____
 (last) (first) (middle)

Age: _____ **Date of Birth:** ____/____/____

Cell Phone: (____) _____ **Business:** (____) _____

Cell Carrier: _____ **Email:** _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

List Two (2) people to contact in case of an emergency:

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Do you have a Valid Virginia Drivers License? _____ YES _____ NO

If no, what is the issuing state?: _____ **License #:** _____

Education: (circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

Year Completed: _____

If you did not complete HS, do you have a G.E.D.?: _____ YES _____ NO

Circle number of years of post HS education: 1 2 3 4 5 6 7

List your last three (3) places of employment: (starting with the most recent)

Name of Employer: _____

Address: _____ **City:** _____ **State:** _____

Duties: _____

Immediate Supervisor: _____ **Dates:** ____/____/____ **to** ____/____/____
(mo/year) (mo/year)

Reason for leaving: _____

Name of Employer: _____

Address: _____ **City:** _____ **State:** _____

Duties: _____

Immediate Supervisor: _____ **Dates:** ____/____/____ **to** ____/____/____
(mo/year) (mo/year)

Reason for leaving: _____

Name of Employer: _____

Address: _____ **City:** _____ **State:** _____

Duties: _____

Immediate Supervisor: _____ **Dates:** ____/____/____ **to** ____/____/____
(mo/year) (mo/year)

Reason for leaving: _____

Have you ever been convicted of a law violation(s), Including moving traffic violations?
_____ **YES** _____ **NO** If yes, list all and explain..

List Three (3) personal references: (do not list former employees or relatives)

Name: (last, first, MI) _____ Address: (street, city, state, zip) _____ Phone #: _____

_____/_____/_____(____)_____

_____/_____/_____(____)_____

_____/_____/_____(____)_____

Have you ever been a member of another fire or rescue department? ____ YES ____ NO
If yes, list them below...

List any skills you have pertaining to firefighting: _____

Do you have any physical conditions which should be considered in assigning you work?

_____ YES _____ NO - If yes, list them below...

Will you be able to attend day time fires? _____ YES _____ NO

Have you ever served in the military for the United States of America?

_____ YES _____ NO If yes, which branch?: _____

Date of discharge: ____/____/____ Type of Discharge: _____

Approximately how far do you live from the fire station: _____

Do you belong to any other volunteer organization?: ____ YES ____ NO If yes, list below.

Why do you want to be a firefighter?: _____

ALL JUNIOR APPLICANTS MUST COMPLETE THIS SECTION AND RETURN PRIOR TO MOVING ON IN THE EXAMINING PROCESS.

Parent/Legal Guardian Consent:

Name: _____ **Date:** _____ / _____ / _____

Relation: _____ **Signature:** _____

I hereby certify that all entries on this application for membership are true and complete, I hereby agree that any falsification of information regardless of time of discovery, may cause forfeiture on my part to any membership in the service of the South Hill Volunteer Fire Department. I also understand that all information on this application is subject to verification and I authorize the release of information from references, former employees and previsor organizations, where I held past membership, listed being contacted regarding this application. I also understand that I will be on probation for a period of not less than six (6) months, during which time I will be monitored before final approval of any membership.

Date: _____ / _____ / _____ **Applicant Signature:** _____

(do not write below this line)

Date Applied: _____ / _____ / _____ **Date Interviewed:** _____ / _____ / _____

Date Entered Probation: ____ / ____ / _____ **Date of Full Membership:** ____ / ____ / _____

Interviewed By: _____ **Comments:** _____
