



# Silk Hope Volunteer Fire Department, Inc.

8110 Silk Hope – Gum Springs Road, Siler City, NC 27344

## Application for General Volunteer Membership

*Please complete this application in its entirety. Failure to complete a section or intentional falsification of this application in part or in whole is grounds for dismissal of the application and disqualification for membership from the department.*

### Demographics

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Full Legal Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cellular Service Provider: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Gender: \_\_\_\_\_

*(I do not wish to disclose this information)* ☐

Race or Ethnicity: \_\_\_\_\_

*(I do not wish to disclose this information)* ☐

Are you a current member of the United States Armed Forces?

Yes ☐ / No ☐

*(I do not wish to disclose this information)* ☐

Are you a veteran of the United States Armed Forces?

Yes ☐ / No ☐

*(I do not wish to disclose this information)* ☐

### Emergency Contact

*The individual whom you name below will be contacted by the department in the case of an emergency involving you in the line of duty or otherwise should you be unable to contact anyone personally.*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



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## History

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### Previous Departments

*If you have performed firefighting or emergency medical services duties at any departments or agencies in the past, please give the name of the departments (most three recent if applicable) and the dates which you were in service to them. Please provide the dates in a Month/Year format.*

#### Department 1

Name of Agency: \_\_\_\_\_

Dates of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

#### Department 2

Name of Agency: \_\_\_\_\_

Dates Of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

#### Department 3

Name of Agency: \_\_\_\_\_

Dates of Service

From: \_\_\_\_\_ To: \_\_\_\_\_



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## Service History Questions

*The following questions are designed to be answered in a yes or no response. If the answer to any of the questions is yes, please provide a short explanation in the space provided. If the question does not apply to you or you are not sure as to how to answer, please write N/A to indicate that the question is non-applicable to you. Please note: termination from an employer does not disqualify you from service with Silk Hope Volunteer Fire Department. All applicants are reviewed on a case-by-case basis.*

1. Have you ever received a commendation or award for your service in the line of duty from any previous department or from service in the military?

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2. Have you ever received a formal disciplinary action against you by an employer or a previous department. If the answer is yes, provide a short explanation of what occurred. Please include in your response, the name of the organization and the year in which the event occurred.

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3. Have you ever been terminated by an employer or a department either as a volunteer or an employee? If yes, follow the same instructions as question 2 in your response.

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## References

*Please provide below three character references. One of which may be personal but must not be a family member. The other two must be professional reference. These references must be from a supervisor or colleague with which you have work experience who can attest to your character and work ethic.*

### Reference 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_

### Reference 3

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_



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## Certifications

*Below, please provide any relevant pre-existing certifications related to emergency services that you are currently in valid possession of. Please also include the dates that they went into effect. If you are unsure of the exact dates of certification, please provide the most approximate date you can remember.*

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## Relevant Voluntary Information

*Below, please provide any information that you wish to voluntarily provide to the department that is not included in the above application. This can include skills and experience outside the fire service in any capacity. The success of every volunteer department depends on the professional skills and experience of each of its members fire service related or not.*

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## Verification and Signature

I \_\_\_\_\_ do hereby certify that all information provided above is true and correct to the best of my knowledge. I also acknowledge that if any of the information I have provided is found to be false, it is grounds for the dismissal of my application and disqualification of my membership. I hereby also give the Silk Hope Volunteer Fire Department Inc. to contact my references and complete all ancillary work required to complete my application for membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_