

Affiliations: List any current / or Past Fire Department or Rescue Squad Affiliations

Department Name	Location	Calls / Month	Paid / Volunteer	Membership Dates

List any other related memberships / affiliations: _____

Training and Certifications:

Course Title	Location	Instructor	Date of Completion
CPR			
Standard First Aid			
Firefighter I			
Firefighter II			
Haz / Mat Basic Concepts			
EMT / Paramedic			
Auto Extrication			

Attach pages to list if necessary for additional training

Driver's License Number: _____ State: _____ Class / Endorsements: _____
 Please supply a copy of your driving record with this application.

Character: List the names of two (2) persons not related to you as character references

Name	Address	Phone
Name	Address	Phone

Have you ever been convicted of a criminal offense, felony or misdemeanor?

Yes No If yes, list date and place: _____

Have you ever been subject to disciplinary action in another organization?

Yes No If yes, list date and place: _____

Any other Information, Special Skills or Training not listed elsewhere on this application you would like to have considered?



Bakerton Fire Department
891 Carter Avenue
Harpers Ferry, WV 25425

Telephone: (304)876-0007
Fax: (304)876-0282

Application for Membership

I _____ wish to become a Junior / Full / Associate member of the Bakerton Fire Department (BFD). I understand that I will be contacted for an interview, and that the membership of the BFD will make the final decision to accept or reject my application. I understand that I may be asked to undergo a physical examination and / or meet additional requirements deemed necessary by the membership and agree to do so at my own expense.

I further understand that, if accepted into membership, that I may remain in a probationary status for a period of up to one year. During this time I must meet all basic training requirements set forth by the membership. In addition to the duties of emergency services, I understand that I will be expected to assist with fundraising activities. I will be expected to attend monthly business meetings and may be appointed to serve on committees. If I fail to meet these requirements, I may be dismissed from BFD.

With my signature, I certify that all information provided within this application is true to the best of my knowledge and I agree to meet the requirements of the membership outlined above and detailed in the membership handbook.

Date

Signature of Applicant

Signature of Sponsoring Member

Signature of Sponsoring Member

Background Check Release:

To whom it may concern,

I _____ have made application for membership with the Bakerton Fire Department (BFD). I do hereby authorize the BFD to make inquiry into my background with reference to character, morals, state of mental and physical health, training records and past criminal record. I understand that all inquiries will be taken from information listed on Bakerton Fire Department application. All cooperation with BFD in the matter would be appreciated.

Signature of Applicant

Date

For Review Board Use:

Date of Interview: _____

Review Board Members: _____

Emergency Information Form

Personal Information:

Employee ID Number	
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First Name	Middle Name	Last Name

Nickname	
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Gender	Citizenship	Place of Birth (country / region)

Home Address

County	Home Phone	Cell Phone

Email Address

Birthday (MM/DD/YYYY)	Social Security Number	Driver's License Number

Medical Information:

Doctor's Name	Doctor's Address

Doctor's Phone Number	Blood Type	Allergies

Medical History

Current Medications

Emergency Information:

Emergency Contact Name	Emergency Contact Address

Relationship

Emergency Contact Phone Number
