

*Mount Cross Volunteer
Fire & Rescue Department INC.*



Membership Application

*“Professional Volunteers Serving
Since 1962!”*

4812 Mount Cross Road
Danville, VA 24540
(434)797-5535

A Message from Our Chiefs

Hello! Thank you for expressing interest in Mount Cross Volunteer Fire & Rescue Department, home of the Professional Volunteer! Becoming a volunteer can open many gateways in your life, whether you wish to make Fire/EMS a full-time paid career or simply maintain volunteerism as a lifelong hobby. No matter what you decide to do, serving the community is the most rewarding gift you could ever be given. While our Department may look small, we're actually a very busy Department. This year alone we are on track to run around 400 calls. Please do not hesitate to fill out your application! We look forward to seeing your journey begin with us!

Sincerely,

Trey Woodson, Chief

Matthew Fox, Deputy Chief

Attached to this Application Packet you will find the following things:

- Application for Membership
- Reference Sheet
- Medical History/Emergency Contact Form

Please note that any information listed on your application is considered private information and will not be disclosed to anyone outside of the Department's Administrative Staff.

Disclosure: Mount Cross Volunteer Fire & Rescue does not discriminate against any specific race, creed, color, disability, or gender. Mount Cross Volunteer Fire & Rescue strives to create an equal opportunity environment for all persons wishing to join.

Once you have completed your application, you will need to submit it either in person or by email. You may contact our Administrative Assistant at mcvfrdpio@outlook.com for help with submitting your application. Please contact her should you have any questions.

Please understand that applying for Membership is not a contract of Membership. You will be sent through a screening process and will have to submit to a federal background check, required by the Virginia Office of EMS, prior to becoming an Active Member.

Good luck and we look forward to hearing from you soon!

Application for Membership

The contents of this Application are considered private information and will not be disclosed to anyone outside of the Department's Administrative Staff.

Full Name: _____

Date of Birth: _____ Race: _____

SSN: _____ Gender: _____

Current Home Address:

Please list any current Fire/EMS certifications that you possess:

Have you ever been convicted of a crime regarding Assault and Battery, drug abuse, or sexual abuse? **Yes or No**

Do you currently possess a valid Driver's License? **Yes or No**

Are you currently enrolled in any high school or college level academic courses? **Yes or No**

Should you be given Active Membership, how many hours per month would you be able to dedicate to the Department? _____

What time of the day would you be available to assist with Department Operations?

Do you currently possess any injury that may prohibit you from lifting heavy objects? **Yes or No**

If you answered yes to the previous question, please briefly explain the injury you possess:

Do you have any previous Fire/EMS experience? **Yes or No**

If you answered **Yes** to the previous question, please list the name of the Department you were associated with along with the Chief Officer you served under:

May we contact this Department and ask about you? **Yes or No**

Please attach any certifications you currently possess to this application.

Signature: _____ Date: _____

Parental/Legal Guardian Consent Form

***If you are under the age of 18, the Parental/Legal Guardian Consent Form must be filled out before the application will be processed. ***

I, _____, attest that I am the parent/legal guardian of _____, who is applying for membership with Mount Cross Volunteer Fire & Rescue. I understand that by signing this I am giving my child permission to take part in Department operations, including but not limited to, firefighting, EMS operations, fundraising events, and Department Meetings. I also understand that my child is responsible for their own actions while representing Mount Cross Volunteer Fire & Rescue and that they will be treated equally and fairly during their tenure. I accept that disciplinary action can be taken against my child should any issue arise. I also understand that I will be responsible for Department reimbursement should my child fault on any tuition agreement while under the age of 18.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature: _____

Reference Sheet

The Department reserves the right to contact any person you list below.

Please list three references who are not immediate family below:

Name: _____

Phone Number: _____

Professional or Personal Reference: _____

Relationship to You: _____

Name: _____

Phone Number: _____

Professional or Personal Reference: _____

Relationship to You: _____

Name: _____

Phone Number: _____

Professional or Personal Reference: _____

Relationship to You: _____

Medical History Form

All information listed below is considered private and will not be shared with anyone outside of the Department's Administrative Staff.

Please list any medical problems you have:

Please list any allergies that you have:

Please list any medications or over-the-counter supplements that you are currently taking:

Emergency Contact Information

Please list at least one emergency contact that we could reach out to in the event of a Line of Duty Injury:

Name: _____

Phone Number: _____

Relationship: _____

Current Address:

Name: _____

Phone Number: _____

Relationship: _____

Current Address:
