



Athens Volunteer Fire Department  
P.O. Box 1179  
Athens, WV 24712  
(304) 384-7333

**Derek Belcher, Fire Chief**

## Membership Application

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a Concord University Student? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please fill out the next 2 items)

Where do you live? \_\_\_\_\_ Residence Hall (Please list name) \_\_\_\_\_

\_\_\_\_\_ Off Campus Apartment

\_\_\_\_\_ Commuter

Campus Address \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ **You must be at least 16 to apply!**

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

State of Issue \_\_\_\_\_ License Number \_\_\_\_\_

Do you have any physical / mental disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Providing an answer of "Yes" does not immediately disqualify an applicant.*

If you answered yes, please provide a brief explanation below:

---

---

---

---

---

Do you have any medical conditions (allergies, illness, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Providing an answer of "Yes" does not immediately disqualify an applicant.*

If you answered yes, please provide a brief explanation below:

---

---

---

---

---

Do you have any Firefighting or EMS experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any classes / certification below. Please note, all classes taken outside of WV are subject to state fire marshal's office approval

---

---

---

---

---

Have you ever been **convicted** of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

***WV State Law prohibits anyone with a felony conviction to become an emergency responder.***

**Employment / Reference Information**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list your current supervisor's name / contact information.

Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**References**

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional information (Please tell us any other information you think may be relevant in assessing your application):

---

---

---

---

---

---

---

---

---

---

My signature below certifies that the information submitted on this form is accurate to the best of my knowledge. I understand that submitting this application does not guarantee acceptance as a member of this organization. If accepted, I agree to abide by the by-laws, the Standard Operating Guidelines, and all policies of this organization and will perform to the best of my abilities in all activities and emergency calls. The Athens Volunteer Fire Department reserves the right to refuse any application for any reason deemed necessary by the line officers. Membership is governed by the by-laws of the Athens Volunteer Fire Department and may be terminated in accordance with those same by-laws.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Today's Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Application Date \_\_\_\_\_ Eligible for Vote Date \_\_\_\_\_

Screened by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

---

---

---

---

---

First Meeting Date \_\_\_\_\_ Second Meeting Date \_\_\_\_\_ Third Meeting Date \_\_\_\_\_

Membership Vote Date \_\_\_\_\_ Vote Count Yes: \_\_\_\_\_ No: \_\_\_\_\_ Status: \_\_\_\_\_

Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit Number Assigned \_\_\_\_\_