



Prater Volunteer Fire & Rescue
1028 Kill Deer Lane Grundy, VA 24614
P.O. Box 145 Vansant, VA 24656
Phone (276) 597-7173 Fax (276) 597-7377



Name:

Date of Birth:

SSN:

Email Address:

Address:

Home Phone #

Cell Phone #:

Drivers License #

Current Employer:

Phone #

Experience in Fire & Rescue:

Current Certifications:

Are you EVOC certified? If so, what class?

Please email (or attach copies) of current certifications to:

Traffic Violations: (Please list charge & date)

References: 1 (Name)

Phone #

2 (Name)

Phone #

3 (Name)

Phone #

Briefly describe why you want to become a part of Prater Fire & Rescue?

I _____ hereby acknowledge and agree to abide by the rules and regulations of Prater Fire & Rescue Inc., as outlined in the bylaws and Standard Operating Procedures (SOPs). I commit to following the orders of the officers and performing my duties to the best of my ability. I will attend all meetings and fundraisers of the department unless I have a valid excuse.

If accepted as a member of Prater Fire & Rescue, I understand that if I am unable to meet the requirements or choose to resign, I must return all department-owned equipment in my possession. I also acknowledge that during my one-year probation period, I may be dismissed from the department without notice for any reason.

I consent to Prater Fire & Rescue conducting a criminal background check if deemed necessary and agree to provide a copy of my driving record within 30 days of acceptance into the department.

I agree to submit to random drug screenings at the department's expense if deemed necessary by the officer in charge. Additionally, I understand that a drug screening is mandatory in the event of any accident involving the department.

I have read and understand all policies, procedures, and bylaws, and agree to adhere to them to the best of my ability. I understand that failure to comply may result in separation from the department.

I affirm that all information provided is accurate to the best of my knowledge and understand that falsifying any information on this application is against the law.

By signing below, I agree to all terms and conditions outlined in this application.

Name: (Print)

Signature:

Date:

Accepted for membership:

Vote (Yes)

(No)

Hired for employment:

Yes:

No:

Chief Signature:

Date:

Rescue Captain Signature:

Date:

Lieutenant Signature:

Date:

Employee/Member Emergency Information Sheet

Medical History:

Allergies:

Medications:

Emergency Contact #1

Name:

Relationship:

Address:

Phone #

Mobile

Emergency Contact #2

Name:

Relationship:

Address:

Phone #

Mobile

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Grundy, VA 24614

Phone: 276-597-7173

Insurance Beneficiary Designation Form

*This section to be completed by fire department member

Full Legal Name:

DOB: / / SSN: - -

Mailing Address:

Email Address:

Beneficiary Name and SSN	Address	Relationship	Percentage Designated Choice 1 and 2
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By signing, I understand in the event of my death while performing fire department duties, the listed individual(s) on this form will receive compensation if applicable. I understand if in the future, information on this form changes or I wish to list a different individual or percentage an individual might receive, it is my responsibility to take the necessary steps to ensure the correct information is retained in my file. I hereby state that all information listed on this form is true and correct to the best of my knowledge.

Print Name:

Signature:

Date: