



Stephens City Volunteer Fire & Rescue Company, Inc.

P.O. Box 253. Stephens City, VA. 22655
Phone (540) 869-4576 Fax (540) 869-6784



Application for Membership

This application is to be completed by the applicant and submitted to the Membership Committee Chairperson to be read at the regular Company Meeting of the Stephens City Fire & Rescue Company. The Applicant agrees to abide by the Constitution, Bylaws and Standard Operating Procedures of the Company and pledge their loyal support to the welfare and future success of the company.

Full Name: _____ Home Phone: _____

Address: _____

Date of Birth: _____ Social Security #: _____

E-mail Address: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Work Address: _____

Highest Level of Education: _____

Position of Interest (Check All That Apply) Fire Fighter _____ EMS _____ Administrative _____

Have you ever been a member of a Fire and/or Rescue Company? YES NO

If yes, please list company and dates: _____

Department Chief or Leader: _____

Phone Number: _____

Fire and/or EMS Training (Please List and Attach Copies of Certifications): _____

Do you have any physical disabilities or special needs? YES NO If yes, please list: _____

Have you ever been convicted of any crime? YES NO If yes, please explain: _____

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Proof of Identification (Please provide the following information):

Valid Driver's License Number or Other Photo Identification: _____

Expiration Date: _____ Company Witness: _____

Emergency Contact Information: Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

Please provide three references, other than relatives. (Must be over the age of 18)

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

I realize that becoming a Member of the Fire and Rescue Company is a commitment, and as such I will be expected to provide of my time for the appreciate Class of Membership for which I am applying. This includes, but is not limited to, meetings, training, and (for the Fire and EMS Personnel) emergency responses. In addition, I agree to read and abide by the Bylaws and the Standard Operating Procedures for the Company. I also authorize the Stephens City Fire and Rescue Company Membership Committee Personnel to conduct a Criminal and Reference Background check and with my signature below, I understand that any false statement or intentional omission is grounds for dismissal.

Signature of Prospective Member

Date

Signature of Parent (If Under 18)

Printed Name of Parent

Phone Number of Parent