



Alberta Volunteer Fire Department, Inc.

P.O. Box 178

Alberta, Virginia 23821-0178

Phone 434.949.7541

Fax 434.949.0760

Date of Application: _____

VOLUNTEER MEMBERSHIP APPLICATION

APPLICANT NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

TOWN/CITY _____

SSN# (Last 4 digits) _____ DATE OF BIRTH _____

CELL PHONE (____) _____ WORK PHONE (____) _____ E-MAIL _____

TYPE OF MEMBERSHIP (Circle One) FIRE EMS SUPPORT INACTIVE

JUNIOR FIRE JUNIOR EMS ASSOCIATE FIRE ASSOCIATE EMS

Note: Each applicant is responsible for obtaining a current copy of their DMV driving record at their expense. AVFD will mail fingerprint cards for a federal background check and it shall be clear of all felony charges, d.u.i. charges, and other major offenses that may discredit the AVFD. These documents shall be reviewed by the membership committee. A general aptitude test and interview shall be completed by the applicant and entrance into membership is also contingent on a satisfactory physical examination by a medical doctor.

TWO (2) CHARACTER REFERENCES

(Cannot be a Family or AVFD Member)

1) NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

2) NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

PLEDGE OF SERVICE: I do hereby apply for membership in the Alberta Volunteer Fire Department, Inc. and promise to abide by the rules and Bylaws of said company, and hereby promise to do all in my power within the above category of membership to support and/or respond when called upon to do so.

SIGNED _____

Membership Committee Recommendation: Approve / Disapprove (Circle One) Interview Date: _____

Medical / Physical Examination given by: _____ Date: _____

Drug Test Results: _____ Driving Record Received: _____ Background Check Received: _____

Member's Official Service Entrance Date: _____