

CHARLEY ROUSS FIRE COMPANY INC. WINCHESTER, VA “ALWAYS ON THE JOB”

ORGANIZED PRIOR TO MAY 20, 1789
MOTORIZED MAY 3, 1907



“THE PRIDE OF OLD TOWNE”

Station 2

MEMBERSHIP APPLICATION

CHARLEY ROUSS FIRE COMPANY INC.

WINCHESTER, VA

“ALWAYS ON THE JOB”

To the Officers and Membership of the Charles Rouss Fire Company, I hereby respectfully submit my application membership with the Charles Rouss Fire Company. I will be governed by the Constitution and By-Laws of the Charles Rouss Fire Company, and pledge my Loyal Support for its Future, Welfare and Success. I am not a member of any fire company in the City of Winchester and give the following information for the Charles Rouss Fire Company to use for consideration for my membership.

I am applying for the position of: () Operational
() Administrative

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ D.O.B. _____

Home Phone #: _____ Cellular Phone #: _____

Employer: _____

Employers Address: _____

City: _____ State: _____ Zip: _____

Employers Phone #: _____

Occupation: _____

Next of Kin: _____

Next of Kin Phone #: _____ Relationship: _____

Other Emergency Contact Person(s): _____

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Please list three of your previous employers:

1) Name: _____

Address: _____

Supervisor: _____

Phone #: _____ Occupation: _____

Number of years with Employer: _____

2) Name: _____

Address: _____

Supervisor: _____

Phone #: _____ Occupation: _____

Number of years with Employer: _____

3) Name: _____

Address: _____

Supervisor: _____

Phone #: _____ Occupation: _____

Number of years with Employer: _____

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Please list three personal references (other than relatives)

1) Name: _____

Phone #: _____

2) Name: _____

Phone #: _____

3) Name: _____

Phone #: _____

Have you ever been a member of any other fire or rescue company?
Yes () No () If yes please list:

1) Company Name: _____
City, State: _____
Contact Person: _____ Phone: _____

2) Company Name: _____
City, State: _____
Contact Person: _____ Phone: _____

3) Company Name: _____
City, State: _____
Contact Person: _____ Phone: _____

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Do you have a valid driver’s license? Yes () No ()

License #: _____ State: _____

Do you have any Physical disabilities? Yes () No ()

If yes please list:

By signing this application, I am stating that *ALL* information contained within this application is *TRUE* and *CORRECT* to the best of my knowledge. Any false information will result in the termination of this application or if found at a later date, may disfranchise or expel the membership.

Given under my hand on the _____ day of _____, 20____

Signature

All applications *MUST* have *TWO* (2) sponsors that are active members of the Charley Rouss Fire Company, before this application will be acted upon.

Member Name: _____ Signature: _____

Member Name: _____ Signature: _____

Charley Rouss Fire Company has a monthly meeting on the first Thursday of each month at 7:30 p.m. (Unless changed by the Board of Directors in advance or other provisions outlined in the By-Laws of the company). We encourage you to attend these meetings and visit our station as a guest prior to the meeting dates.

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