



Purcellville Volunteer Fire Company

Membership Committee
P.O. Box 386
500 North Maple Avenue
Purcellville, VA 20132
540-338-5961

Date: _____

NEW MEMBER APPLICATION

INSTRUCTIONS: Complete the application and return it to the Safety Center, attention: Company 2 Membership Committee. Upon receipt of the application (or on-line application) the Membership Committee will contact you to arrange for an interview. Please fill out the Virginia Department of Motor Vehicles (DMV) Information Request form, and take it with you to the interview. If you are married or under the age of 18 you must have your spouse or parent sign the form on page 5.

PERSONAL INFORMATION

NAME: _____ SSN: _____

First Middle Last

Street Address: _____

City, State, Zip: _____

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Height: _____ Weight: _____ Shirt Size: _____

Marital Status: _____ Spouse's name: _____

APPLYING FOR (Check One)

___ **Fire Fighter:** Any member who, after satisfying the probationary requirements, intends to participate in fire fighting duties. Such members are required to attend 50% of all scheduled company training sessions and 66% of all general membership meetings. The member may, after one year and the completion of the year probationary period (full voting privileges), hold administrative office if elected or appointed.

___ **Associate:** Any member not desiring or intending to participate in fire fighting duties. Such members are required to attend 66% of all general membership meetings. The member may, after release from the six month probationary period (full voting privileges) hold administrative office.

___ **Auxiliary:** Any member not desiring to participate in firefighting duties. Such members may attend membership meetings but have no voting privileges. The member may not hold administrative office or serve as a committee chair.

APPLICANT'S NAME: _____
First Middle Last

CURRENT EMPLOYER

Name: _____ **Occupation** _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____ **Supervisor:** _____

How long in Present Position: _____ **May we contact employer?** _____

EDUCATION

SCHOOL	NAME AND ADDRESS	DATES ATTENDED	DATE GRADUATED	DEGREE
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____

MILITARY EXPERIENCE

Previous/Current Military Experience: _____

Branch: _____ **Years of Service:** _____ **Highest Rank:** _____

Type of Discharge: _____ **Date of Discharge:** _____

Were you ever found guilty of a court martial offense while in the military? _____

If yes, please explain on the **reverse** of this form and attach additional pages if necessary.

PREVIOUS FIRE FIGHTING EXPERIENCE

Certifications (FF-1/2, First Responder, CPR, EMT-B, EVOC, DPO. Etc.)

Attach copies of Certifications

Certifications	Date Issued	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL STATEMENT

Please describe why you are interested in applying for membership in the Purcellville Volunteer Fire Company and what skills, knowledge or experience you think would make you qualified for membership.

Please list any driving or other offenses for which you have been arrested or convicted.
(Conviction of a felony is an automatic disqualification.)

REFERENCES

Please list individuals who can serve as a personal reference for you. Avoid listing family members. Choose current or former employers (other than those listed above), teachers, ministers, neighbors or current or past members of the fire company.

Name	Address	Daytime Phone	Years Known
1.			
2.			
3.			

VERIFICATION DATA (Circle One)

Have you ever applied to the Purcellville Volunteer Fire Company in the past? Yes No

If yes, when? _____

Have you ever been refused membership in, or suspended or discharge from, any Fire or Rescue Company in Loudoun County? Yes No

If yes, which one(s) and when? _____

Have you been, or are you now being treated for any medical condition(s) that may prohibit you from performing the duties of the position for which you are applying? Yes No

If yes, please explain: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, when and for what reason? _____

CONSENT AGREEMENTS

Please read the following statements carefully. The statements must be signed.

I certify that the facts set forth in the above Application for Membership are true and complete to the best of my knowledge, and that I have not intentionally omitted any information. I further certify that there are no willful misrepresentations of falsifications of the above statements and answers to questions. If a background investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected and I could be disqualified from ever providing volunteer service with the Purcellville Volunteer Fire Company.

I hereby certify that I have never been (1) convicted of any felony; (2) convicted of any crime involving sexual misconduct or morals and decency; (3) convicted of any crime involving sexual or physical abuse of children, the elderly or infirm; (4) convicted of any crime involving abuse, neglect, or financial exploitation; or (5) convicted of any crime involving initiating a false alarm, making a bomb threat, threats to burn, or arson.

AUTHORIZATION FOR BACKGROUND AND DRIVING RECORD CHECK

For the purposes of this membership application, and, if accepted as a member, periodic recertification while a member of the Purcellville Volunteer Fire Company, I expressly authorize the Purcellville Volunteer Fire Company, the Loudoun County Department of Fire, Rescue and Emergency Services and/or any employee, agent or representative thereof to conduct a background investigation, including but not limited to: an investigation of my personal history, criminal history, driving record, and/or employment history. I expressly consent to the release of information concerning my capacity and fitness as by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited. This authorization will be valid for the entire length of my membership with the Purcellville Volunteer Fire Company.

APPLICANT'S SIGNATURE: _____

DATE: _____

SPOUSE /PARENT CONSENT

I understand that when the above applicant is accepted for membership in the Purcellville Volunteer Fire Company that it will be expected that the member commit to participate fully in activities and responsibilities to satisfactorily execute duties. Initial training courses may require several months to complete and occupy several days per week, and that subsequent participation may involve responding to alarms at any hour of the day or night.

I understand these conditions and will support my family members in this endeavor.

Spouse/Parent Signature: _____

DATE: _____

PVFC Use Only **Date Application Received:** _____

Date of Interview: _____ **Interviewer's Name:** _____

Recommended to Board: YES NO **Date:** _____

Board Action: _____ **Date:** _____

Membership Vote: _____ **Date:** _____