

DARLINGTON VOLUNTEER FIRE COMPANY, INC
MEMBERSHIP APPLICATION

I, _____ apply for membership for: Fire _____ Ambulance _____

Administrative _____ Race: _____ Gender: _____ Monitor# _____

Address: _____ Distance to Fire house : _____

Date of Birth: _____ Height: _____ Weight: _____

Social Security # _____ Phone: Home: _____ Work: _____

Cell # _____ E Mail Address if you have one: _____

Motor Vehicle License #: _____ Class: _____ Expiration: _____

Doctor: _____ Phone: _____

Education: HS Grade completed: _____ College: _____ Courses taken: _____

(If more space is needed please use a separate sheet.)

Have you ever been a member of this or any other fire department, paid or volunteer? Yes _____ No _____

If yes, list name and length of time in each department: _____

Note: These fire departments may be contacted for references.

Fire & Ambulance Courses Completed:

Course _____ Given By _____ Date Completed _____

Course _____ Given By _____ Date Completed _____

Course _____ Given By _____ Date Completed _____

Course _____ Given By _____ Date Completed _____

Are you handicapped in any way? Yes _____ No _____

If Yes, please explain _____

Do you have any drug and/or alcohol problems? Yes _____ No _____

Do you have a criminal record? Yes _____ No _____

If Yes, please explain _____

Do you have a traffic record? Yes _____ No _____

If Yes, please explain and state number of points _____

Employment Record:

Employer: _____ Address: _____

How Long: _____ Phone: _____ Can Employer be contacted: _____

References: Two from community and one from fire department.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Are you willing to take a physical if requested? Yes _____ No _____

Spouse Name: _____ Emergency Contact Name _____

Telephone # _____

Do you understand what is required of you by the Bylaws and SOG's? Yes _____ No _____

Do you have any problems with these requirements? Yes _____ No _____ If Yes, explain _____

Persons under 18 years of age must have a letter of approval from parents or guardian prior to processing this application.

I, hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true to the best of my knowledge. I am aware that should investigation at any time disclose misrepresentation or falsification, the application will be disapproved.

Waiver: I authorize the Darlington Volunteer Fire Company, Inc.(DVFC) to make criminal and /or motor vehicle background checks with any police agency in any state. Further, I also authorize the DVFC to make my application for membership available for review by the membership of the DVFC and the Membership Committee for purposes of consideration of my membership.

Date: _____ Signature of Applicant: _____

FOR USE BY MEMBERSHIP COMMITTEE ONLY:

_____ Permission letter for under 18 _____ Fingerprint card

_____ Physical (If required) _____ Criminal record

_____ Traffic record _____

Comments: _____

Accepted _____ Rejected _____ Date _____ Date off Probation _____