



BROADWAY VOLUNTEER FIRE DEPARTMENT, INC.

P.O. Box 271
Broadway, VA 22815
540-896-5101 540-896-3008 (fax)



APPLICATION FOR MEMBERSHIP

SECTION A

EXPLORER: _____ JR FIREFIGHTER: _____ FIREFIGHTER (18 YEARS OLD) _____

NON-SUPPRESSION MEMBER: _____ FIRE DEPT SUPPORT GROUP: _____

SECTION B

APPLICANT NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECTION C

OCCUPATION: _____

NAME & ADDRESS OF EMPLOYER: _____

TELEPHONE NUMBER: _____ WHAT SHIFT YOU WORK: _____

NEXT OF KIN: _____ RELATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

YOUR BLOOD TYPE: _____ ARE YOU A LICENSED DRIVER: _____

SECTION D

DO YOU HAVE ANY PHYSICAL HANDICAPS THAT MAY HINDER YOUR PERFORMANCE OR ENDANGER YOURSELF OR FELLOW FIREFIGHTERS IN AN EMERGENCY SITUATION:

IF YES, PLEASE EXPLAIN ON THE BACK OF THIS SHEET. _____

ARE YOU AWARE OF THE QUALIFICATION TEST, PROBATION PERIOD, TRAINING REQUIREMENTS, AND MINIMUM ATTENDANCE EXPECTATIONS REQUIRED TO BE A ACTIVE MEMBER OF THE BROADWAY FIRE DEPARTMENT? _____

PLEASE LIST ANY PRIOR FIREFIGHTING OR EMERGENCY MEDICAL TRAINING OR EXPERIENCE:

SECTION D, "CONTINUED"

ARE YOU AWARE AND WILLING TO ACCEPT THE DANGERS AND PERSONAL HAZARDS INVOLVED IN RESPONDING TO FIRES AND EMERGENCY SITUATIONS INVOLVED WITH THIS ORGANIZATION? _____

HAVE YOU EVER BEEN CONVICTED OF A DRIVING VIOLATION OR A FELONY? IF YES PLEASE EXPLAIN.

SECTION E

LIST TWO PERSONAL REFERENCES THAT ARE NOT MEMBERS OF THE BROADWAY FIRE DEPT.

NAME: _____ NUMBER: _____

NAME: _____ NUMBER: _____

LIST TWO REFERENCES THAT ARE MEMBERS OF THE BROADWAY FIRE DEPT.

NAME: _____ NUMBER: _____

NAME: _____ NUMBER: _____

SECTION F

MY SIGNATURE VERIFIES THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY FALSE INFORMATION CAN AUTOMATICALLY DENY MY APPLICATION TO THE BROADWAY FIRE DEPARTMENT.

APPLICANT SIGNATURE: _____

SECTION G: PARENT / GUARDIAN CONSENT FORM

(IF UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE ATTACHED PARTENT/GUARDIAN CONSENT FORM)

FOR MEMEMBERSHIP COMMITTEE USE ONLY

DATE APPLICATION RECEIVED: _____

COMMITTEE MEMBER RECEIVING APPLICATION: _____

MEMBERSHIP COMMITTEE RECOMMENDATION: ACCEPT: _____ DENY: _____

BOARD OF DIRECTORS PROBATION APPROVAL: ACCEPT: _____ DENY: _____

OFFICERS PROBATION APPROVAL: ACCEPT: _____ DENY: _____

MONTH STARTING PROBATION: _____

PROJECTED ENDING PROBATION MONTH: _____

MEMBERSHIP FINAL APPROVAL DATE: _____

COMMENTS:
