

Application for Membership

- 1. To apply for Membership you must be 16 years of age or older as of the date of application.
- 2. All applicants understand that Membership is probationary for a period of 18 months. During these 18 months you must demonstrate your ability and commitment as outlined in the department's by-laws.
- 3. Membership is contingent upon the results of a background check. The withholding of information or making of false statements will constitute grounds for immediate dismissal.
- 4. All applicants must agree to these terms and certify that all statements are true. Your signature on this application indicates such an agreement.
- 5. Physical examination, a copy or your driving record, and a criminal background check may be required after an interview has been completed with the GVFC membership committee.
- 6. Applications can be mailed or delivered to the station at the above listed address.
- 7. Please read carefully and then type or print your responses on this application.

Please retain this page for your records



Please read carefully and answer each of the following questions.

A. Personal History:					
Full Name: First	Middle	Last			
Current Address:					
Home Phone:					
Date of Birth:					
Emergency Contact: First	Middle	Last			
Emergency Contact Phone Number:					
B. Education:					
High School-					
Name:					
Location:	Date graduated:				
College-					
Name:					
Location:	Date graduated:				



Specialty Training-		
Name:		
Location:	Date graduated:	
C. Employment:		
Name of current employer:		
Address:		
		_
Telephone #:		
Type of Business:		
Position:	Length of Employment:	
List of Prior Employer(s):		
		-
		-



D. Driving Record:

Are you a licensed	driver?	YES	NO		
State: L	icense Class	Licen	se #:		
Have you had any moving violations in the last 3 years?			3 years?	YES	NO
If yes, please explain:					

E. Fire/ EMS/ Administrative Previous Experience:

Indicate which area you are interested in:

FIRE EMS ADMINISTRATIVE ONLY

Have you ever been a member of a fire department, EMS company, or other emergency services organization before? YES NO

If so, please provide the organization(s) name, address, telephone number. Also provide dates of membership and offices held if applicable:

** By the date of your interview, you will be required to provide a written letter of recommendation from the organizations listed above.



Have you ever been denied membership to any fire, rescue, EMS organization?

YES NO If yes, name of organization and reason _____

Have you ever completed any fire, rescue, EMS training? YES NO

If yes, please attach documentation of your training and list classes and dates:

Do you have any special skills or abilities for membership that you feel could benefit the Goldsboro Volunteer Fire Company?

Have you ever been a member or applied for membership with the Goldsboro Volunteer Fire Company? YES NO

If yes, explain: _____



F. References:

List 3 people, not relatives, who are familiar enough with you to provide a reference.

(1) Name:
Current Address:
Telephone:
(2) Name:
Current Address:
Telephone:
(3) Name:
Current Address:
Telephone:
List any members of the Goldsboro Volunteer Fire Company that you know:



For Administrative Use Only

Applicant's Name:	SSN:
Application Submitted	Date:
Interview by Membership Committee	Date:
Physical Examination	Date:
Copy of Driver's License/Driving Record	Date:
Background Investigation	Date:
Copy of last report card (if still in school)	Date:

We, the membership committee, recommend that this applicant be approved for membership:

Name:	Date:
Name:	Date:
Approved for probationary membership	Date:
Approved for full membership/ meeting	Date:
Chief's Signature:	Date:
President's Signature:	Date: