

FAIRFIELDS VOLUNTEER FIRE DEPARTMENT

Application for Membership

To the Board of Directors of the Fairfield's Volunteer Fire Department, Northumberland County, Virginia. I, being a citizen of the County of Northumberland, wish to render unselfish service to the County, and wherever else my services may be requested, desire to make application for membership in the Fairfield's Volunteer Fire Department. I agree to supply a copy of my driving record from the Department of Motor Vehicles with my application. I understand that I will served for a period of one year as a Probationary Member, or such time that I have served one year AND attained the age of eighteen, and after that period of time, if my Probationary period was served to the satisfaction of the Board of Directors, I will become an active member. I also agree to cheerfully conform to the Constitution and By-Laws of the Department.

Full Name (print) _____
First Middle Last

Place of Birth _____ Date of Birth _____

Home Address _____ Home Phone _____

Occupation _____ Employer _____

Employer's Address _____ Phone# _____

Previous Employer _____ Phone# _____

Means of Transportation _____ Sex _____ Nationality _____

Social Security Number _____ DL# _____

List any Fire Training or Previous Experience _____

Are You a Registered Voter Yes No

I Hereby Declare the Foregoing Statements to be True and Correct to the Best of My

Knowledge _____
Sign

Please List Two References That we Can Contact in Reference to Your Application

Name _____ Name _____

Phone# _____ Phone# _____

(Sign Name in Full)

(Parent Signature if Under 18)

Doctor's Signature (Permission to be an Active Fire Fighter)

Date

FOR DEPARTMENT USE ONLY

Dated in Reedville, Virginia this _____ day of _____, 20__

Date Application Received _____

Comments of Membership Committee _____

Signature of President

Fairfields Volunteer Fire Department
P.O. Box 656 Burgess, VA 22432