APPLICATION

FOR

MEMBERSHIP

IN THE

BOYCE VOLUNTEER FIRE COMPANY

BOYCE, CLARKE COUNTY, VIRGINIA

DATE:_____

NAME:_____ SSN:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____ AGE:_____ DOB:_____

VALID EMAIL ADDRESS:_____

OCCUPATION:_____ YEARS AT PRESENT JOB:_____

EMPLOYER:_____ PHONE:_____

SUPERVISOR:_____

NEXT OF KIN:_____ RELATIONSHIP:_____

EMERGENCY CONTACT:_____ PHONE:_____

EDUCATION:_____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES_____ NO_____ IF NO, PLEASE EXPLAIN? _____

_____

PLEASE NOTE: The Applicant must provide the Boyce Volunteer Fire Company with a recent copy of their driving record from the state they are licensed to drive in.

PLEASE LIST ANY OTHER FIRE OR RESCUE COMPANIES THAT YOU HAVE BEEN A MEMBER OF AND THE REASON FOR LEAVING:

_____

_____

PLEASE LIST ANY FIRE OR RESCUE EXPERIENCE, TRAINING, OR CERTIFICATIONS THAT YOU HAVE:

_____

_____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?
YES_____NO____. IF YES, PLEASE, GO TO THE NEXT PAGE AND PROVIDE THE REQUESTED INFORMATION.

Please complete the information requested below from the previous page referencing a yes response to misdemeanor/felony information.
***Please Note* Most if not All Felony convictions are grounds for the applicant to be denied.**

Date of Misdemeanor	**Class Misdemeanor**	**Case Outcome**

Date of Felony	**Class Felony**	**Case Outcome**

PLEASE NOTE:

Any false or misleading information discovered in this application or in the process of determining membership eligibility is automatic grounds for disqualification of the applicant.

Failure to provide requested documentation or information without a justified explanation as to why the requested documentation/information is not being provided needs to be explained in detail to the Membership Committee.

The Boyce Volunteer Fire Company reserves the right to require further background investigation that includes but is not limited to polygraph examination, drug screening, medical evaluation or an additional background investigation.

HAVE YOU HAD A RECENT MEDICAL PHYSICAL? YES____ NO____ IF YES, WHAT WERE THE RESULTS/FINDINGS?_____

WERE ANY MEDICAL CONDITIONS FOUND THAT WOULD PREVENT YOU FROM PERFORMING CERTAIN FIRE AND EMS RELATED TASKS? PLEASE EXPLAIN FURTHER?_____

LISTS FRIENDS OR RELATIVES THAT ARE MEMBERS OF B.V.F.C.:

_____

_____

ADDITIONAL REFERENCES:
NAME: PHONE:

_____

_____

_____

SIGNATURE OF APPLICANT:_____

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE:

_____

I, _____, understand that **all requirements** for
(Print Name)
ACTIVE membership (as outlined in the BVFC By-Laws) must be met within the six month probationary period in order to be granted Full/Active membership in the Boyce Volunteer Fire Company.

I, _____, the applicant further understand that by
(Print Name)
signing and acknowledging all conditions set forth in this application that they are binding and must be adhered to by the applicant.

Signed: _____ Date:_____

APPLICANT SPONSOR: _____

APPROVED FOR 6 MONTHS PROBATION:_____

APPROVED FOR FULL MEMBERSHIP: _____

_____

SECTION 6311 OF TITLE 5 OF THE U. S. CODE AUTHORIZES COLLECTION OF THIS INFORMATION. ADDITIONAL DISCLOSURE OF THE INFORMATION MAY BE PROVIDED TO STATE OR LOCAL GOVERNMENT SPONSORED AND/OR COMMUNITY VOLUNTEER FIRE AND RESCUE ASSOCIATIONS. IT MAY ALSO BE PROVIDED TO FEDERAL OR LOCAL LAW ENFORCEMENT AGENCY UPON THEIR REQUEST FOR SUCH INFORMATION. FURNISHING THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO DO SO MAY RESULT IN THE DISAPPROVAL OF THIS REQUEST. IF THIS INFORMATIN IS FURNISHED TO ANY OTHER ORGANIZATION, OTHER THAN NOTED HEREIN,YOUR PERMISSION WILL BE OBTAINED PRIOR TO THE RELEASE OF SAME.