

**Zion Crossroads Volunteer Fire Department
Membership Application**

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____

Phone number: _____ E-mail: _____

Type of membership you are applying for: Fire _____ EMS _____ Auxiliary _____

SSN: _____ Do you have a valid diver's license? _____

Please list driver's license number if different than SSN: _____

Highest level of Education: _____

Name of current employer: _____

Address: _____

Phone number: _____ May they be contacted as a reference? _____

Do you have any medical limitations or chronic illnesses? _____ If yes, please list and explain: _____

Are you currently under doctor's care? _____ If yes, please explain: _____

Do you hold any state certification? _____ If yes, please list below and provide copies: _____

Are you willing to take Fire and/or EMS training as it becomes available? _____

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Reference: List three below, NO RELATIVES OR FAMILY MEMBERS

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Have you or are you currently a member of a fire/rescue organization? _____

If so, please list and time spent group: _____

Have you ever been convicted of a criminal offense? _____ If so, are you

Currently under indictment or facing trial for that offense? _____

To Whom It May Concern:

I desire to make application for membership in Zion Crossroads Volunteer Fire Department, pledging myself to conform to all policies and procedures of said department. To obey all orders given to me by those in authority, to answer calls, attend all meeting and department functions to the best of my ability, and to conduct myself at all times in such a manner as to no throw discredit to the department. I understand that any falsified information provided on this application can result in dismissal from the department. I also understand that Commonwealth of Virginia law requires that a criminal history record search be conducted and this will be done by the Virginia State Police.

Signature: _____ Date: _____

Parent/Guardian signature if under age 18: _____

DEPARTMENT USE ONLY

Date Received: _____ Date Submitted: _____

Date Voted On: _____ Accept: _____ Reject: _____