



# LINEBORO VOLUNTEER FIRE DEPARTMENT, INC

## APPLICATION FOR MEMBERSHIP

Date Application Submitted		Fee Paid	Yes	No
Date of Starting Probation		Vote Results		
Date of Active Membership				

Applicant's Name: \_\_\_\_\_  

Last
First
Middle

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\*\*Do not write above this line, LVFD use only\*\*

Thank you for your interest in the Lineboro Volunteer Fire Department. Please make sure to carefully read, completely fill in, sign, and date all requested information. All applicants must be at least 16 years of age. If you are under 18 years of age, please be certain to have a parent or guardian sign and date the application as well. All completed applications are to be turned in to the Financial Secretary for processing. Please note that in order for your application to be processed there is a \$5 application fee. You must be present at the company meeting to submit your application; meetings are held on the first Wednesday of every month at 7:00 PM. We are looking forward to seeing you in the future.

Let it be understood and agreed that any misrepresentation of any information on this application will be sufficient grounds for dismissal of this application or termination from the Lineboro Volunteer Fire Department if I am accepted as a member. I also agree to abide by any rules the Lineboro Volunteer Fire Company sets forth upon my becoming or remaining a member. I agree to allow the Lineboro Volunteer Fire Department to verify my background as a condition to belong to the Lineboro Volunteer Fire Company Inc. Applicants under the age of eighteen must have their parents' or guardians' permission to belong and participate in activities. All applications are the property of the Lineboro Volunteer Fire Department Inc and are not for public review.

The Lineboro Volunteer Fire Department Inc. is an equal opportunity organization, dedicated to a policy of non-discrimination of membership on basis including race, color, gender, religion or national origin.

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Parent or Guardian Signature (If under 18)    Date



# Lineboro Volunteer Fire Department Inc. Application for Membership

## Personal Data:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. Month/Day/Year

Home Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Has your driver's license ever been suspended and/or revoked? \_\_\_\_\_

Yes/No

If yes, explain: \_\_\_\_\_

Emergency Point of Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Fire/Rescue Experience (if applicable):

Prior/Current Fire Department Memberships:

Department Name: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Address: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Member in Good Standing: Yes / No

Department Name: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Address: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Member in Good Standing: Yes / No

Please circle the highest level of MFRI certification you have under each one of the following:

**Fire**      FF I      FF II      **Fire Officer**      1      2      3      4

**EMS**      EMR      EMT-B      IVT      EMT-P

**Haz-Mat**      Awareness      Operations      Technician

Other Fire Department Related Certifications: \_\_\_\_\_



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## Education:

Do you possess a high school diploma or GED? \_\_\_\_\_ If yes, date received: \_\_\_\_\_  
Yes / No Month / Year

If no, circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school attended: \_\_\_\_\_  
Name City State

College/University: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree Type/Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College/University: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree Type/Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

## Military Service:

Branch of Service: \_\_\_\_\_ Rank at time of discharge: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Month / Day / Year Month / Day / Year

## Employment:

Present or Last Employer:				Address:
From	Month	Day	Year	Job Title/Describe Duties:
To				Name and Title of Supervisor:

Previous Employer:				Address:
From	Month	Day	Year	Job Title/Describe Duties:
To				Name and Title of Supervisor:



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## References:

Read Carefully:	List three people as character references whom you have known for at least three years and who are NOT related to you. May NOT be past employers.		
Name:		Address:	
Phone:		Occupation:	
Name:		Address:	
Phone:		Occupation:	
Name:		Address:	
Phone:		Occupation:	

## General Information:

Have you ever been convicted of a criminal offense as an adult? Yes / No

If yes, explain (give offense, sentence, and state): \_\_\_\_\_

Do you take or are you allergic to any medications? Yes / No

If yes, List: \_\_\_\_\_

Have you ever used or tried illegal drugs? Yes / No

If yes, explain: \_\_\_\_\_

Have you ever been dismissed from employment or forced to resign, or have you ever resigned in order to avoid being dismissed? Yes / No

If yes, explain: \_\_\_\_\_

Do you have any impairments, mental or physical, which would interfere with your ability to perform the work for which you are applying? Yes / No

If yes, explain: \_\_\_\_\_

Other Comments & Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Wavier and Release:

I authorize the investigation of all statements made herein. I understand that any false statements or omissions of information requested are cause for rejection of my application. My signature on this application indicates that I am aware of the physically challenging demands for the Position of Firefighter or Medical Technician. I further authorize the Lineboro Volunteer Fire Department to contact my former employer(s) and listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application.

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Signature

Date

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Parent or Guardian Signature (If under 18)

Date