



*Rural Retreat Volunteer Fire Department*

P.O. Box 238  
Rural Retreat, Virginia 24368

**MEMBERSHIP APPLICATION**

Please PRINT all information clearly.

Last Name:	First Name:	Middle Name:	Suffix:
Address:	City	State	ZIP
Telephone Number:	Social Security #:	Date and Place of Birth:	

**MARITAL STATUS:**  Married  Divorced  Separated  Never Married

Name of Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Name(s) of Children: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

Are you currently under a doctor's care or taking prescribed medication?  YES  NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities that would limit your ability to participate in firefighting or training activities?  YES  NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke or use tobacco products?  YES  NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any prior firefighting training or experience? \_\_YES \_\_NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a VALID Virginia Driver's license? \_\_YES \_\_NO

If you have a Commercial Driver's License (CDL), list classification: \_\_\_\_\_

Has your driver's license EVER been suspended or revoked? \_\_YES \_\_NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you EVER been convicted of a moving traffic violation? \_\_YES \_\_NO

If YES, please list type of violation, date of conviction, and court jurisdiction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever driven a vehicle with air brakes? \_\_YES \_\_NO

Have you EVER been arrested? \_\_YES \_\_NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you in the U.S. Armed Forces? \_\_YES \_\_NO

If YES, what branch? \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a High School graduate? \_\_YES \_\_NO

School name and location: \_\_\_\_\_

Years completed: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

School name and location: \_\_\_\_\_

Years completed: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

School name and location: \_\_\_\_\_

Years completed: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** (Start with your present or most recent job)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**(IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE PAGE)**

Does your present employer consent to you being a volunteer firefighter during normal work hours?  YES  NO

Will your present employer permit you to leave your job during normal work hours to respond to a fire alarm or other emergency?  YES  NO

**TO BE COMPLETED BY EMPLOYER**

I, \_\_\_\_\_, the applicant's employer/supervisor, am aware that the applicant, \_\_\_\_\_, is making application to be a member of the Rural Retreat Volunteer Fire Department and hereby agree to allow him/her to leave work during normal work hours to respond to fire alarms and other emergencies.

\_\_\_\_\_  
Signature of Employer/Supervisor

\_\_\_\_\_  
Date

**PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

If required, will you undergo a pre-acceptance physical examination, at your expense, and provide the Rural Retreat Volunteer Fire Department with a copy of such examination? \_\_YES \_\_NO

Summarize special skills and qualifications acquired from employment and other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe briefly your reasons for desiring to be a volunteer fire fighter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

Please Read the Following Statement Carefully

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. I further authorize release of any medical, credit, law enforcement or other records that may be requested by the Rural Retreat Volunteer Fire Department as necessary to arrive at a membership decision.

I hereby acknowledge that if I am accepted for membership in the Rural Retreat Volunteer Fire Department, I will serve as a probationary member for a period of six (6) months. During this six month probationary period my membership may be terminated, with or without cause, by the Fire Chief. At the completion of the six month probationary period, it is understood that my membership will be of an "at will" nature, which means that I may resign at any time and the Rural Retreat Volunteer Fire Department may terminate my membership upon a majority vote of all active members.

If accepted for membership in the Rural Retreat Volunteer Fire Department, I understand that false or misleading information given in my application or interview(s) may result in the termination of my membership.

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Signature of Applicant

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Printed Name of Applicant

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Date of Application

**\*\*\*\*\*PLEASE CONTINUE TO PAGE 7\*\*\*\*\***

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**FIRE DEPARTMENT USE ONLY**

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Police Records Check Made By: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interview by Fire Chief: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended: \_\_YES \_\_NO \_\_\_\_\_

Signature of Fire Chief

Date presented for Election: \_\_\_\_\_

Date of Election or Rejection: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RURAL RETREAT VOLUNTEER FIRE DEPARTMENT**  
**MEMBER IDENTIFICATION AND EMERGENCY NOTIFICATION INFORMATION**

Name of Member: \_\_\_\_\_  
LAST
FIRST
MIDDLE
SUFFIX

Address of Member: \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Location of Dental Records: \_\_\_\_\_

Location of X-Rays: \_\_\_\_\_

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**NEXT OF KIN TO BE NOTIFIED IN CASE OF AN EMERGENCY**  
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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Directions to residence: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Place of employment: \_\_\_\_\_

Telephone: \_\_\_\_\_

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