



Clear Brook Volunteer Fire and Rescue

1256 Brucetown Road Clear Brook, Virginia 22624

(540)722-2073

Membership Application

Name: _____ Date: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

S.S.N: _____ Sex: M F Date of Birth: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Occupation: _____ Work Hours: _____

Do you have a valid driver's license? Yes No Expiration: _____

You must submit a copy of you DMV driver's transcript along with this application

Do you have any health issues that would inhibit your ability to perform on an emergency incident? Yes No

If yes, explain: _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Are you currently attending high school, college, or any other schooling? Yes No

If yes, name of school: _____

Have you served in the military? Yes No

If yes, what type of discharge? _____

Are you or have you ever been a member of another department? Yes No

Company: _____ Date Joined: _____ Date left: _____

Do you currently hold any fire or EMS certifications to include: CPR, NFPA certs or, EMT certs? Yes No

If yes, please attach a copy of each certification to this application

Please provide three personal references below, with the first being an emergency contact:

1) Name: _____ Phone Number: (_____) _____

Address: _____

2) Name: _____ Phone Number: (_____) _____

Address: _____

3) Name: _____ Phone Number: (_____) _____

Address: _____

I, _____, voluntarily agree to abide by the by-laws of Clear Brook Volunteer Fire and Rescue and, pledge my support for the organization's future success. I understand any false information on this application will make it invalid. I also understand a DMV driver's record must be presented at the membership meeting with this application. I have also scheduled for finger print screening at the Frederick County Public Safety Office to be completed before the next membership meeting. With my signature below, I give permission for the investigation of all information provided in this application.

Applicant Signature: _____ Date: _____

If applicant is under 18 years of age, you must have parental consent.

Signature of parent or legal guardian: _____

Upon receiving this application, a member of the department will contact you and provide you with any additional information you may need. If you have any questions or need help completing this application or any of its parts feel free to call the station at (540)722-2073 and, you will be directed to the appropriate member to help.

<p><i>Company Use Only</i></p> <p>Application reviewed by Membership Committee: Approved Denied</p> <p>Application reviewed by Membership Chairperson: _____ Date: _____</p> <p>Date Application Submitted: _____ Member Present: Yes No</p> <p>Date Application Voted On: _____</p> <p>Date Elected Rejected : _____</p> <p>Six Month Probation Date: _____</p> <p>Criminal Background Check Completion Date: _____</p>
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