

# Star City Volunteer Fire Department Co. 20

## Application for Membership

Completion of this application does not ensure your acceptance as a member with the Star City Volunteer Fire Department. Misrepresentation or omission of facts will result in cancellation of consideration of membership or dismissal from the department if accepted as a member.

**Star City VFD  
Application for Membership**

FULL NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (WORK/CELL): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_ \_\_\_ \_\_\_ - - - \_\_\_ \_\_\_ - - - \_\_\_ \_\_\_ \_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**HOME ADDRESS (IF DIFFERENT THAN ABOVE)**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (WORK/CELL): \_\_\_\_\_

Are you currently, or in the past year, receiving any type of disability benefits (Worker's Compensation, partial pension, etc.) resulting from an on-the-job accident or other disabling injury?

YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, please explain below:**

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Do you suffer from any condition that would prohibit you from participating in strenuous physical exertion normally associated with firefighting?

YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, please explain below:**

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Have you ever been convicted of a felony?

YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, please explain below:**

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Have you ever been convicted of a misdemeanor? (Include traffic violations)

YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, please complete below:**

DATE: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

DATE: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

\*Attach additional statement to explain circumstances of conviction if necessary.

**EDUCATION/TRAINING**

Highest Grade Completed: \_\_\_\_\_

Do you possess a high school diploma or equivalent?

YES \_\_\_\_\_ NO \_\_\_\_\_ School Name: \_\_\_\_\_

**ATTACH COPIES OF ALL APPLICABLE FIRE TRAINING CLASSES, ETC.**

Attached to this application are three reference forms. Please have these form completed by persons knowledgeable of your character (relatives and employers excluded) and return them with your completed application. If you are under the age of eighteen, you must also obtain from the SCVFD and attach a signed parental consent form as well as a copy of your birth certificate.

The SCVFD Membership Committee will review all applications. Upon completion of the review, you will be contacted and an informal interview will be scheduled. At time you may ask any questions you may have and the SCVFD will explain the steps necessary to complete the membership application process.

I have reviewed this application and find it correct to the best of my knowledge. I hereby authorize the Star City Volunteer Fire Department to verify the information I have provided on the application. I understand any attempt to defraud the SCVFD with the information listed in this application can be grounds for immediate dismissal. I also grant the SCVFD the right to contact the references I have provided to better learn of my character and my possible appointment as a probationary member of the Star City Volunteer Fire Department.

\_\_\_\_\_  
SIGNATURE DATE

**SCVFD USE ONLY**

DATE RECEIVED: \_\_\_\_\_  
INTERVIEW DATE: \_\_\_\_\_  
DATE SWORN: \_\_\_\_\_  
PROB. ENDS: \_\_\_\_\_

INTERVIEW REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





