



# Star City

## Volunteer Fire Department

3384 University Avenue

Star City, WV 26505

Phone: (304) 599-1539, Fax: (304) 599-4166

[starcityvfd.com](http://starcityvfd.com)

### Membership Application Packet

Thank you for your interest in becoming a member of Star City VFD (SCVFD) – your interest to serve your community is appreciated. SCVFD has both a fire and EMS division with three levels of membership:

- Active Member – full privileges of the department
- Contributing Member – contributes funds/talents with no voice or vote
- Junior Member – under the age of 18 with no voice or vote and a limitation on participation

No previous training or experience is required to become a member, but it is recommended. SCVFD will provide the appropriate guidance and training of new members as necessary.

Before your application will be voted on, you must complete a one-month evaluation period. This is to demonstrate your commitment to the department and become acquainted with the active membership.

Once accepted into SCVFD, **candidates for active membership** are subject to a 6-month probationary period. This is a time for the department to evaluate you and for you to evaluate the department. You are encouraged to participate as much as possible during this time so that you understand what type of commitment is involved with being a volunteer.

It is also required that **candidates for active membership** complete the following training:

- Fire: Firefighter 1, CPR, First Aid (or EMT), Hazardous Materials Operations, SCVFD Phase 1 Packet
- EMS: CPR, First Aid/EMT, EVOC (for drivers)

The public service nature of our operation requires that we carefully screen applicants. Your honesty and careful completion of this application is required. Please complete the application and attach the required paperwork. Attach any appropriate certification or letters that may assist the membership with the decision making process.

The membership committee meets at the monthly business meeting, which is generally the first Monday of every month. You are not required to be present to be voted on, but this may certainly expedite the process if the membership has questions. If you have questions or concerns about the application process, you may contact us at 304-599-1539 or email [membership@starcityvfd.com](mailto:membership@starcityvfd.com).

Once you have completed the application, you may send it to [membership@starcityvfd.com](mailto:membership@starcityvfd.com) or mail to:

**Star City VFD Membership Committee**

**PO Box 4235**

**Star City, WV 26504**



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### Application for Volunteer Membership

10/8/15

Applying for:  Fire  EMS  Both  
Membership level:  Active  Contributing  Junior  
Full name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

### Local Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Home Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Emergency Contact

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_



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Are you currently, or within the past year, receiving any disability benefits resulting from an on-the-job incident or disabling injury? 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? If yes, please explain below:

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Have you ever been convicted of a felony? If yes, please explain below:

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Have you ever been convicted of a misdemeanor, including any traffic violations?  
If yes, please explain below:

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Violation: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Violation: \_\_\_\_\_



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### Education

Do you possess a high school diploma or equivalent?  Yes  No

High School Name: \_\_\_\_\_

Do you possess a college degree or equivalent?  Yes  No

College/University Name: \_\_\_\_\_

Degree: \_\_\_\_\_

### Fire/EMS Experience

Have you ever served in a fire or EMS agency?  Yes  No

Department: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Highest rank: \_\_\_\_\_ Chief/Supervisor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

### Certifications

List any fire/EMS certifications you have obtained and where. You may also attach copies to this packet.

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### Equal Opportunity/Employment

Diversity is both welcomed and encouraged within the organization. SCVFD does not discriminate on the basis of gender, age, ethnicity, race, religion, political affiliation, national origin, military status, marital status, sexual orientation, or gender identity.

### References

Three (3) reference forms are attached to the end of this packet. Please have these forms completed by those who are knowledgeable of your character and attach them to your completed application. If you are under the age of eighteen (18), you are also required to contain a parental consent form from SCVFD and return the signed form as well as a copy of your birth certificate with your completed application.

### Authorization

Completion of this application does not guarantee membership to SCVFD. If you are unable to attend the monthly business meeting when your application has been put forth, the membership committee will contact you regarding the status of your application. SCVFD will contact the proper authorities regarding any previous criminal history. Certain crimes could result in rejection of your application; however, each case will be individually considered depending upon the circumstances. By submitting this application, you acknowledge and authorize SCVFD to obtain the necessary background information to process your application for membership.



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I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose misrepresentation, omissions, or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated.

I authorize the investigation of all statements contained herein, and direct the custodian of any records to release such information necessary for verification. I release any individual, institution, business, or organization from any liability for damages which might arise from the release of pertinent information.

I have read, or have read to me, the statement above and by my signature agree to these provisions.

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Applicant Signature

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Date

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Parent/Guardian Signature (if under 18)

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Date

Upon completion, please attach the following:

- Copy of a **valid** driver's license
- Copies of all certifications
- Copy of birth certificate / consent form (if under 18)









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### SCVFD Internal

Accepted

Rejected

Tabled

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Date Sworn in: \_\_\_\_\_

Probation End: \_\_\_\_\_

Interview Remarks: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Membership Chair's Signature

\_\_\_\_\_  
Date