



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

****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 7:30 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: _____



Lineboro Volunteer Fire Department Inc. Application for Membership

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:



Lineboro Volunteer Fire Department Inc. Application for Membership

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: _____



Lineboro Volunteer Fire Department Inc. Application for Membership

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.

Signature

Date

Parent or Guardian Signature (If under 18)

Date