



# VOLUNTEER MEMBERSHIP APPLICATION

ARCOLA-PLEASANT VALLEY VOLUNTEER FIRE DEPARTMENT  
24300 GUM SPRING ROAD • STERLING, VIRGINIA 20166

(703) 327-2222 PHONE • (703) 327-0373 FAX • WWW.ARCOLAVFD.ORG

This company is an equal opportunity employer and recruits applicants without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status.

**PLEASE PRINT.** To process your application all questions must be answered. If a question does not apply, please print N/A.

Date of application \_\_\_\_\_ Position applied for \_\_\_\_\_ How did you learn of our Department? \_\_\_\_\_

<b>Full Name</b> ( First, Middle, Last,)		<b>Social Security number</b>	
<b>Maiden Name</b>	<b>Race</b>	<b>Sex</b>	<b>DOB</b>
Home phone _____	Work phone _____	Cell phone _____	Pager number _____
Address _____			
Valid driver's license? Yes ___ No ___ State _____ Number _____		Exp date _____ E-mail address _____	
Have you ever volunteered for another fire company? ___ If yes, give date and details: _____			
Have you ever been convicted of a criminal offense (other than a minor traffic violation) or are there any criminal charges pending against you? Yes ___ No ___			
If yes, please give nature of conviction/charge, date & place _____			

EDUCATION				
School	Name & Location	Course of Study	Did you Graduate?	Degree/Diploma
Fire/Rescue				
College				
High				
Other				

EMPLOYMENT EXPERIENCE- List each position held. Start with your present employer. Include military service and volunteer activities.				
1. Employer _____	Address _____			
Job title _____	Work performed _____			
Supervisor's name & phone _____	Reason for leaving _____			
2. Employer _____	Address _____			
Job title _____	Work performed _____			
Supervisor's name & phone _____	Reason for leaving _____			
We may contact the above employers unless you indicate those you do not want us to contact. Do not contact employer # ____.				
Reason _____				

PERSONAL REFERENCES – Give references not related to you (preferably in the local area), whom you have not listed as a supervisor under employment section				
1. Name _____	Address _____			
Phone _____	Years known _____	Relationship _____		
2. Name _____	Address _____			
Phone _____	Years known _____	Relationship _____		

ADDITIONAL INFORMATION – List any additional information you wish to be considered regarding the position for which you would like to volunteer.

### AGREEMENT

By applying for membership, I agree, whenever possible, to attend meetings held by the Department, answer all alarms, and assist in fund raising activities or other duties that benefit the Department and the Community. I agree to abide by the by-laws and to make myself aware of the standard operational procedures of the Department to insure the safety and well-being of myself and other members of the Company. Membership is subject to termination by the Board of Directors of the Company. I certify that the facts in this application are true and complete to the best of my knowledge. I understand that omissions and false or misleading statements on this application can be considered sufficient cause for disqualification. I authorize Arcola-Pleasant Valley Volunteer Fire Department (APV/VFD) to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give any information regarding me. I also authorize a motor vehicle check, if the position so requires.

Applicant Signature (Parent / Guardian if applicant under 18 years of age) \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_  
Form Rev 21 DEC 05  
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