

Shawnee Volunteer Fire Department, Inc.

2210 Valor Drive

Winchester, Va. 22601

540-662-0855



Name _____ Social Security # _____
(First Name) (Full Middle Name) (Last)

Address: _____

Date of Birth: _____ Age _____

Home PH. () _____ Alternate PH. () _____ E-Mail Address _____

Occupation: _____ Employer: _____

Employers Address: _____

Work PH. # _____

Do you have a Valid Drivers License? : _____ If "Yes" please provide a copy with application

Have you ever been convicted of a DUI? : _____ If so, when and where: _____

Members intending to become operational members and may drive apparatus need to supply a copy of driving record along with application or during 30 day probationary period. Applicants who fail to do so will not be accepted as a member.

Have you ever been convicted of a Felony? : _____ If so, when, where and why: _____

Do you have any Health or Medical Conditions? : _____

List any past Fire and Rescue Experience: _____

List any Friends or Relatives within this Fire Company: _____

References: List 3 Local References, other than Relatives, who can vouch for your Character and Reliability:

<u>NAME:</u>	<u>ADDRESS:</u>	<u>OCCUPATION:</u>	<u>PHONE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History: List last 3 placed of employment:

<u>Business:</u>	<u>ADDRESS:</u>	<u>OCCUPATION:</u>	<u>PHONE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, who may we Contact:

<u>NAME:</u>	<u>ADDRESS:</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____

I, _____, Do hereby apply for membership to the *SHAWNEE VOLUNTEER FIRE DEPARTMENT* and agree to abide by all By-Laws, Rules & Regulations and the Standard Operating Procedures of this Company.

I agree to let the *SHAWNEE VOLUNTEER FIRE DEPT.* perform a Criminal Background Investigation, Prior to my Membership acceptance or during my Probationary Period, Using any Local, State and or Federal agency deemed necessary.

I swear that all information on this application is true and understand that any False Statements will be grounds for termination.

SIGNATURE: _____ DATE _____

If applicant is under the age of 18, a Parent or Guardian must Co-Sign the application giving consent to join the Fire Company.

NOTE: For a Member under the age of 18, The Parent or Guardian agrees to allow the Member to participate in all **FUND RAISING ACTIVITIES** in which *THE SHAWNEE VOLUNTEER FIRE COMPANY* conducts.

SIGNATURE: _____ DATE _____

RELATIONSHIP: _____

This section for administrative purposes only:

Date Accepted by Membership: _____
Membership Committee Report: _____

Date Application Received _____
Date Notified of Meeting _____
2nd Notification of Meeting _____
Date Placed in No Action File due to no show at meeting _____



Shawnee Vol. Fire and Rescue Company
2210 Valor Drive, Winchester Virginia 22610

DATE: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

In accordance with the rules and regulations of the Virginia department of Charitable Gaming, I affirm that I have not been convicted of any felony in the past ten (10) years or any misdemeanor involving fraud, theft, or financial crimes in the past five (5) years.

I have not participated in the management, operation, or conduct of any charitable game that has been found by the Department or a court to have been operated in violation of state law, local ordinance, or Board regulation.

I am therefore eligible to participate in the conduct of bingo in the Commonwealth of Virginia.

Signature: _____



Shawnee Vol. Fire and Rescue Company
2210 Valor Drive, Winchester Virginia 22610

DATE: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

In accordance with the rules and regulations of the Virginia State Board of Health in regards to EMS Regulations, Criminal and Enforcement history, I affirm that I have not been convicted or found guilty of any felony involving; a crime involving sexual misconduct; sexual or physical abuse of children, the elderly or infirm; crime of a person entrusted to my care or protection; use, possession, or distribution of illegal drugs; nor have I been convicted or found guilty of any other act that is a felony.

I have not been subject to a permanent revocation of license or certification by another state EMS office or recognized state or national healthcare provider licensing or certifying body, nor am I currently under any disciplinary or enforcement action from another state EMS office or recognized state or national healthcare provider licensing or certifying body.

By signing this statement, I also affirm that I have not been convicted upon a charge of driving under the influence of alcohol or drugs, assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to hit and run, or operating on a suspended or revoked license within the last five (5) years.

All references to criminal acts or convictions refer to substantially similar laws or regulations of **any** other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside of Virginia.

Signature: _____