



Philomont Volunteer Fire Department
P.O. Box B
Philomont, VA 20131
P:540-338-6506 F:540-338-3654
www.philomontvfd.org

Philomont Volunteer Fire Department APPLICATION FOR MEMBERSHIP

Full Legal Name: _____ Date: _____

Do you use a nickname, abbreviated name or name other than your legal first name (Y/N)? _____

If so, please list _____

Mailing Address: _____

City, Town: _____ State: _____ Zip: _____

Please list phone numbers in the order you would like us to use when contacting you, be sure to specify type of phone number.

	Phone Number	Type (i.e. home, work, cell, pager)
1.)	_____	_____
2.)	_____	_____
3.)	_____	_____

Email Address: _____

How did you hear about PVFD? _____

If applicable, list the member(s) recruiting you: _____

What type of membership are you applying for (check all that apply)?

- Administrative Operational (i.e. Firefighter, EMT)
 Senior (18yrs or older) Junior (16-18 yrs)

Have you ever been a member of a Fire Department or EMS agency?

If so, when and where? _____

What is your membership status with that department or agency? _____

What is your present occupation: _____

Do you have any skills or training that will benefit you at PVFD (Y/N)? _____

If so, please list _____



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The information contained in this application is required for the application process for the Philomont Volunteer Fire Department (PVFD) membership. PVFD will submit a criminal background and driving history check on all applicants. This information will be kept confidential.

Physical Address (if different from address on first page):

Do you have a valid driver's license? _____ What State? _____

Driver's License #: _____ Expiration date: _____

Have you ever been convicted of a moving traffic violation(s)?

Description of Offense: _____

Date of Charge: _____ Date of Conviction: _____

County, City, State of Conviction: _____

(for additional convictions use plain paper, include all information listed above.)

Have you ever been convicted of a criminal violation(s) of the law?

Description of Offense: _____

Date of Charge: _____ Date of Conviction: _____

County, City, State of Conviction: _____

(for additional convictions use plain paper, include all information listed above.)

Please list 3 character references not related to you or associated with PVFD:

	Name	Phone Number	Relation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby certify that all entries on this application and attachments are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any membership with the Philomont Volunteer Fire Department. I understand that all information on this application is subject to verification and I consent to criminal and driver's background checks. I also consent that you may contact references listed in this application. I further authorize the Philomont Volunteer Fire Department to rely upon and use, as it sees fit, any information received from such contacts.

Date: _____ Applicant Signature: _____