

BLUE RIDGE MOUNTAIN VOLUNTEER FIRE COMPANY

181 Keys Gap Road

Harpers Ferry, WV 25425

Phone: (304) 725-8118 or (304) 728-8006

Fax: (304) 725 4081



MEMBERSHIP APPLICATION

GENERAL

NAME: _____ SS# _____

Street Address: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS (If different from above):

Street Address: _____

City: _____ State: _____ Zip: _____

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

DATE OF BIRTH: _____ MARITAL STATUS: Single () Married () Divorced ()

EMERGENCY CONTACT: _____ Relationship: _____

Phone Number: _____

DO YOU LIVE WITHIN THE JEFFERSON COUNTY, WV – BLUE RIDGE MOUNTAIN VOLUNTEER
FIRE COMPANY DISTRICT? YES () NO ()

DO YOU HAVE A VALID DRIVER'S LICENSE? YES () NO ()

If yes, what is your Drivers License # ? _____

ARE YOU UNDER THE AGE OF 18? YES () NO ()

(If YES, see Junior Member Section below)

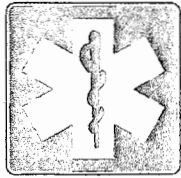
ARE YOU OVER THE AGE OF 35? YES () NO ()

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES () NO ()

HAVE YOU EVER SERVED IN THE MILITARY? YES () NO ()

(If you were a member of the military, please indicate specialty, training received, duties and assignments, and
highest rank obtained):

DO YOU HAVE ANY SPECIAL QUALIFICATIONS OR TRAINING RECEIVED (IN OR OUT OF THE
MILITARY)?



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PHYSICAL DATA

DO YOU HAVE ANY PHYSICAL HANDICAPS, DISEASE, OR OTHER DISABILITIES, WHICH COULD IMPAIR YOUR ABILITY TO FIGHT FIRE OR PERFORM RESCUE MISSIONS? YES () NO ()

(If YES, please give details):

HAVE YOU BEEN HOSPITALIZED IN THE LAST THREE YEARS?

YES () NO ()

(If Yes, Please give reason for hospitalization):

HOW MUCH TIME HAVE YOU LOST FROM WORK IN THE LAST THREE YEARS AS A RESULT OF ILLNESS OR INJURY?

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 Some College College Graduate

FIRE COMPANY HISTORY

HAVE YOU PREVIOUSLY BEEN ASSOCIATED WITH A FIRE COMPANY?

YES () NO ()

(If YES, Please complete the following):

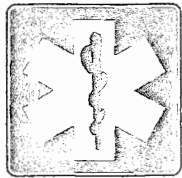
Name of current /last Fire Company with which you are/were associated:

Address & Phone number of Fire Company:

Your position: _____

Chief's Name: _____

Fire Training Completed & Date:



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Duties performed:

No. in dept.: _____

EMS Training Completed & Date:

Please list all other former companies that you were a member of:

Were you cleared and authorized to drive Company vehicles?

YES ()

NO ()

(If YES, please list type of vehicle/s):

APPLICANT'S SIGNATURE: _____

DATE: _____

JUNIOR MEMBERS (UNDER 18 YEARS OF AGE)

PARENT/GUARDIAN NAME:

DOES APPLICANT RESIDE WITH YOU?

YES ()

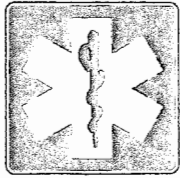
NO ()

DO YOU GRANT APPLICANT PERMISSION TO JOIN THE BLUE RIDGE MOUNTAIN FIRE
COMPANY AND PARTICIPATE IN ITS ACTIVITIES? YES () NO ()

YES ()

NO ()

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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Once you have completed this application, you must appear at a Blue Ridge Mountain Volunteer Fire Company General Membership meeting and submit the application to the Company 5 Secretary. During the following month, the Company 5 Membership Committee will conduct a background investigation and fingerprint check on you. You will also be required to submit to a drug test (free to you – directions will be provided once you have submitted your application). When your background check has been completed and you have successfully passed your drug test, you must appear at the next Company 5 General Membership meeting to be voted in to the Company as a Probationary Member. If you are between the ages of 16 and 18, you will be joining as a Junior Member. Junior Members are not allowed by law to be placed "in harm's way" and so can only respond to incident scenes with the permission of (and under the direct supervision of) the incident's Senior Line Officer.

During the time you are a (non-Junior) Probationary Member, you may respond to the station when Company 5 has been dispatched for a call (fire or EMS). This will enable you to get as much credit for the call as an ACTIVE member. During the period of your probation, you must successfully complete a minimum of one training class (either Firefighter 1 or EMT-B) to qualify for ACTIVE membership. Once you have completed the necessary class and completed the probationary period, you may be promoted to ACTIVE Member status and allowed to respond on appropriate apparatus. *Members under the age of eighteen (18) are not permitted to run on any equipment unless responding to a brush fire.*

I, _____ have read and understand the above requirements for my probation period with Blue Ridge Mountain Volunteer Fire and Rescue Company.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRESIDENT'S/VICE-PRESIDENT'S SIGNATURE: _____

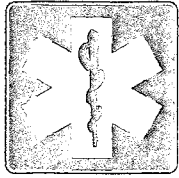
DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

WITNESSED BY: _____

WITNESS' SIGNATURE: _____ DATE: _____

If you should have any questions/concerns regarding this application, please feel free to call any Company 5 officer .



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FOR COMPANY USE ONLY

DATE APPLICATION TURNED IN TO COMPANY: _____

BACKGROUND (NCIC) CHECK COMPLETED: SAT () UNSAT ()

FINGERPRINT CHECK COMPLETED: SAT () UNSAT ()

DRUG TEST COMPLETED: YES () NO ()

MEMBERSHIP COMMITTEE SIGNOFF: _____

Monitor #: _____ Probationary period to end on: _____

VOTES: YES _____ NO _____ ABSTAIN _____

DATE VOTED IN TO COMPANY 5: _____

COMMENTS