

Leesburg Volunteer Fire Company Membership Application

Date:	Type of Membership: <input type="checkbox"/> Senior <input type="checkbox"/> Associate <input type="checkbox"/> Junior <input type="checkbox"/> Cadet
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General:

Name	Date of Birth	Social Security Number
Current Address		
Previous Address (if at current address less than 1 year)		
Home Phone	Best Contact Phone	email address

Employment / Education:

Present Employer	
Employer's Address	
Employer's Phone Number	Can we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References: (Please list two character references NOT currently members of the Leesburg Volunteer Fire Company)

Name	Phone Number
Address	
Name	Phone Number
Address	

LVFC Use Only

Interviewed by:		Date:
Date Read:	Date Appeared:	Date Voted On:
Probation End Date:		

Have you ever been a member of another fire-rescue organization? (if yes, please provide details)	
Do you have any formal fire-rescue training?	
Briefly give reasons for wanting to become a member.	
Do you have a valid Virginia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used illegal drugs?
Have you ever been convicted of a felony? (if yes, please provide details)	

By signing this application, I the undersigned affirm that I have read and understand all the duties and requirements described herein pertaining to the level of membership for which I am applying. I further affirm that I agree to and will abide by same.

Applicant's signature