

**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:** \_\_\_\_\_