

MIDDLETOWN VOLUNTEER FIRE & RESCUE CO., INC.  
APPLICATION FOR MEMBERSHIP

**APPLICATION TYPE:** \_\_\_\_\_ ACTIVE \_\_\_\_\_ JUNIOR  
**I AM INTERESTED IN:** \_\_\_\_\_ Firefighting \_\_\_\_\_ EMS \_\_\_\_\_ Fundraising  
Other: \_\_\_\_\_

**PERSONAL INFORMATION:**

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

PRESENT OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

**EDUCATION & EXPERIENCE:**

FIRE TRAINING & CERTIFICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY MEDICAL TRAINING & CERTIFICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY FIRE DEPARTMENT OR RESQUE SQUAD WHERE YOU HAVE OR HAD OTHER MEMBERSHIPS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Have you ever been convicted of a misdemeanor or felony since you became an adult? \_\_\_ Yes \_\_\_ No  
(If "yes", please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any physical conditions preventing you from doing certain types of work? \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please provide full name, address, telephone number, and how long you have known this person.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON BACK)

MIDDLETOWN VOLUNTEER FIRE & RESCUE CO., INC.  
APPLICATION FOR MEMBERSHIP

FULL NAME: \_\_\_\_\_

*The information provided by me in this application for membership is true and complete to the best of my knowledge. I hereby authorize the Middletown Volunteer Fire & Rescue Co., Inc., to contact any family member, physician, employer, or any other individual to conduct a personal background investigation.*

*(NOTE: the Company is required to conduct a criminal history check on any applicant requesting membership.)*

*All applicants for Junior Membership must provide a parental or guardian signature.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE INCLUDE \$1.00 FOR MEMBERSHIP DUES WITH THIS APPLICATION. IF MEMBERSHIP IS DENIED, THE \$1.00 WILL BE RETURNED TO YOU.**

\*\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*\*

DATE RECEIVED BY SECRETARY \_\_\_\_\_ DATE INFORMATION VERIFIED \_\_\_\_\_  
DATE OF CRIMINAL HISTORY REQUEST \_\_\_\_\_  
DATE CRIMINAL RECORD RETURNED \_\_\_\_\_  
INITIAL MEMBERSHIP COMMITTEE REPORTS: \_\_\_\_\_ FAVORABLE \_\_\_\_\_ UNFAVORABLE  
REFERENCE # 1: \_\_\_\_\_ REFERENCE # 2: \_\_\_\_\_ REFERENCE # 3: \_\_\_\_\_

DATE APPLICATION READ TO MEMBERSHIP \_\_\_\_\_ DATE VOTED ON \_\_\_\_\_  
MEMBERSHIP TYPE: \_\_\_\_\_ JUNIOR \_\_\_\_\_ PROBATIONARY \_\_\_\_\_ DENIED \_\_\_\_\_ OTHER  
PRECEPTOR/MENTOR: \_\_\_\_\_  
DATE APPLICANT NOTIFIED BY THE SECRETARY OR MEMBERSHIP COMMITTEE \_\_\_\_\_  
DATE OF PAYMENT OF DUES: \_\_\_\_\_  
PROBATIONARY MEMBERSHIP CARD GIVEN: \_\_\_\_\_ DATE: \_\_\_\_\_  
DATE OF NEW MEMBER ORIENTATION: \_\_\_\_\_

DATE TO RE-VOTE (FOLLOWING PROBATIONARY PERIOD): \_\_\_\_\_  
DATE OF RE-VOTE: \_\_\_\_\_  
MEMBERSHIP COMMITTEE REPORTS: \_\_\_\_\_ FAVORABLE \_\_\_\_\_ UNFAVORABLE  
MEMBERSHIP TYPE (FOLLOWING RE-VOTE): \_\_\_\_\_ ACTIVE \_\_\_\_\_ DENIED \_\_\_\_\_ OTHER  
DATE APPLICATION NOTIFIED BY THE SECRETARY OR MEMBERSHIP COMMITTEE: \_\_\_\_\_

MIDDLETOWN VOLUNTEER FIRE & RESCUE CO., INC.  
APPLICATION FOR MEMBERSHIP

**REFERENCE SHEET # 1**

**Applicant's Name:** \_\_\_\_\_

*The above individual has applied for membership to the Middletown Volunteer Fire & Rescue Co., Inc. The have listed you as a reference. Please fill out the below form truthfully. This is strictly confidential and will only be seen by the Membership Committee, never crossing the applicant.*

**Reference Information:**

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**1. How long have you known the above applicant:** \_\_\_\_\_

**2. How do you know the above applicant?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Do you believe that the above individual would be an asset to the Middletown Volunteer Fire & Rescue Company, Inc.? Why?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*When the form is completed, please return the below address, within 10 days of receiving it.*

*Middletown Vol. Fire & Rescue Co., Inc.  
Attn: Membership Committee  
PO Box 111  
Middletown, VA 22645*

MIDDLETOWN VOLUNTEER FIRE & RESCUE CO., INC.  
APPLICATION FOR MEMBERSHIP

**REFERENCE SHEET # 2**

**Applicant's Name:** \_\_\_\_\_

*The above individual has applied for membership to the Middletown Volunteer Fire & Rescue Co., Inc. They have listed you as a reference. Please fill out the below form truthfully. This is strictly confidential and will only be seen by the Membership Committee, never crossing the applicant.*

**Reference Information:**

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**1. How long have you known the above applicant:** \_\_\_\_\_

**2. How do you know the above applicant?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Do you believe that the above individual would be an asset to the Middletown Volunteer Fire & Rescue Company, Inc.? Why?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*When the form is completed, please return the below address, within 10 days of receiving it.*

*Middletown Vol. Fire & Rescue Co., Inc.  
Attn: Membership Committee  
PO Box 111  
Middletown, VA 22645*

MIDDLETOWN VOLUNTEER FIRE & RESCUE CO., INC.  
APPLICATION FOR MEMBERSHIP

**REFERENCE SHEET # 3**

**Applicant's Name:** \_\_\_\_\_

*The above individual has applied for membership to the Middletown Volunteer Fire & Rescue Co., Inc. The have listed you as a reference. Please fill out the below form truthfully. This is strictly confidential and will only be seen by the Membership Committee, never crossing the applicant.*

**Reference Information:**

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**1. How long have you known the above applicant:** \_\_\_\_\_

**2. How do you know the above applicant?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Do you believe that the above individual would be an asset to the Middletown Volunteer Fire & Rescue Company, Inc.? Why?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*When the form is completed, please return the below address, within 10 days of receiving it.*

*Middletown Vol. Fire & Rescue Co., Inc.  
Attn: Membership Committee  
PO Box 111  
Middletown, VA 22645*