



SHEPHERDSTOWN FIRE DEPARTMENT, INC.

8052 Martinsburg Pike • PO Box F • Shepherdstown, WV 25443

(304) 876-2311 • ShepherdstownFireDepartment.com

APPLICATION FOR MEMBERSHIP

Full Associate Support Live-In

Name: _____
Last _____ First _____ Middle _____

Date: _____

Physical Address: _____
Street _____ City _____ State _____ Zip _____

Mailing Address: _____
Street/Box _____ City _____ State _____ Zip _____

Phone: _____ e-mail: _____ Date of Birth: _____

Social Sec. #: _____ - _____ - _____ Drivers License #: _____ State: _____

EDUCATION

High School Status: Enrolled Graduated GED School Name: _____

Highest Grade Completed: _____ Actual/Expected Graduation Date: _____

Colleges, Universities, Trade Schools Attended:

School Name & State	Major Field	# of Credits	Degree Awarded	Dates Attended
				-
				-
				-

EMPLOYMENT

Current (or most recent) Employer: _____ From/To Dates: _____

Address: _____
City _____ State _____

Job title: _____

HEALTH

Date of last physical examination: _____

Do you have any disabilities that would prevent you from performing any firefighting or EMS related duties?

Yes No If yes, please explain: _____

AFFILIATIONS List any current and/or past Fire, EMS, or Rescue companies you are/were affiliated with:

Organization Name:	City/State	Calls/Month	Pd/Vol	Membership Dates
				-
				-
				-

List any other related affiliations or memberships: _____

TRAINING AND CERTIFICATIONS

Do you have any of the following training and/or certifications? (check all that apply)

<input type="checkbox"/> CPR	<input type="checkbox"/> Firefighter I	<input type="checkbox"/> HazMat Awareness	<input type="checkbox"/> EVO
<input type="checkbox"/> First Aid	<input type="checkbox"/> Firefighter II	<input type="checkbox"/> HazMat Operations	<input type="checkbox"/> DPO
<input type="checkbox"/> WV EMT-B	<input type="checkbox"/> WV Paramedic	<input type="checkbox"/> Auto Extrication	<input type="checkbox"/> Fire/EMS Driving Experience

CHARACTER List two persons, excluding relatives, you've known for at least two years as character references.

Name	Address	Phone
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Name	Address	Phone
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Have you ever been convicted of a criminal offense, felony or misdemeanor? Yes No If yes, list date and place:

Have you ever been subject to disciplinary action in another organization? Yes No If yes, list date and place:

I, _____, wish to become a member of Shepherdstown Fire Department (SFD.) I understand that I will be contacted for an interview, and that the membership of SFD will make the final decision to accept or reject my application. I understand that I may be asked to undergo a physical examination and/or meet additional requirements deemed necessary by the membership, and agree to do so at my own expense.

I further understand that, if accepted into membership, I may remain in a probationary status for up to one year. During this time I must meet all basic training requirements set forth by the membership and demonstrate professional conduct. In addition to the duties of emergency services, I understand that I will be expected to assist in fund raising activities, attend monthly business meetings, and may be appointed to serve on committees. If I fail to meet these requirements, I may be dismissed from SFD.

With my signature, I certify that all information provided within this application is true to the best of my knowledge, and I agree to meet the requirements of membership outlined above and detailed in the SFD constitution and Operational Guidelines.

By signing below I further acknowledge **and authorize** SFD to make inquiry into my background which may include, but is not limited to, contacting references, verification of education and employment, obtaining and reviewing criminal and civil court records, verification of my social security number, and/or obtaining and reviewing my driving record. I understand that this inquiry may be made prior to my acceptance as a member or at any time during my probationary membership and that adverse information obtained may result in my application being denied or dismissal from SFD.

Signature

Date

Signature of sponsoring member

Signature of sponsoring member

FOR REVIEW BOARD USE:

Date of Interview _____

Member

Member

Member