

# POCOMOKE CITY VOLUNTEER FIRE COMPANY, INC.

## Membership Application

### Instructions

1. The application process will be completed through the fire company sponsor.
2. Applications must be returned to the membership committee within *60 days*.
3. Applications must be filled out completely.
4. Applicants may be requested to submit results of current physical examination.
5. Copies of license, certifications, diplomas, etc; must be included where applicable.
6. Applications **must be submitted with \$100.00 check**, made payable to the Pocomoke Volunteer Fire Company Inc. *(The aforementioned deposit is refundable upon successful completion of the one year probation).*
7. Once returned, applicants will be notified within 30 days to schedule an oral interview.

### Internal Use Only

Date Returned: _____
Check #: _____                      Date Given to Treasurer: _____
Background Sent: _____
Background Received: _____
Oral Interview Date: _____
Interview Board Members
1. _____
2. _____
3. _____
Disposition:
<input type="checkbox"/> Recommended for Probation ( <i>Date Started</i> _____ )
<input type="checkbox"/> Denied Membership ( <i>see attached explanation letter to applicant</i> )
<input type="checkbox"/> Applicant Rescinded

Name: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Employer (name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Normal working hours: \_\_\_\_\_

Do you feel that being a member of the Pocomoke City Volunteer Fire Co. will be detrimental to your job? Yes  No

Have you discussed your possible membership in the company with your immediate family? Yes  No

Are they in accord? Yes  No

Under normal conditions what hours do you expect to be available to help with Fire Company emergencies?

\_\_\_\_\_

Have you read the requirement for Membership? Yes  No

Would you be available for Fire Company Parades? Yes  No

Primary Physician

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

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

Phone: \_\_\_\_\_

Date of last physical checkup: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_\_ft/in Weight: \_\_\_\_\_lbs.

Do you know of any physical ailments or disabilities, which would prevent you from performing your duties? (If yes, attach explanation to the application) Yes  No

Active Fire Company sponsors: (Name and Phone Number)

1. \_\_\_\_\_

2. \_\_\_\_\_

## EDUCATIONAL INFORMATION

High School \_\_\_\_\_  
Name and location

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Date Graduated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever taken a High School Equivalency Test? Yes  No

If yes, give dates and certificate number \_\_\_\_\_

Certificate or diploma issued by the U.S. Armed Forces? Yes  No

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Name and location of College or University	Dates From	To	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Major and minor college course \_\_\_\_\_

List Graduate studies, detailing field of study or advanced degree(s) \_\_\_\_\_

\_\_\_\_\_

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List of specialized schools or training (trade, vocational, business, or military). Give the name & location of school, dates attended subjects studied, number of classroom hours, certificate received, and other pertinent data.

\_\_\_\_\_

\_\_\_\_\_

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Special skills and qualifications – Indicate all types of special licenses such as EMT, CRT, radio operator, etc.

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\_\_\_\_\_

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List the major and special job skills you possess, giving the years of experience of each. \_\_\_\_\_

\_\_\_\_\_

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## GENERAL INFORMATION

Explain all **YES** answers on separate page:

1. Have you any physical defect, handicap, chronic disease or other disability? Yes  No
2. Have you seen a doctor in connection with a nervous breakdown or mental disorder? Yes  No
3. Do you use narcotics, drugs, marijuana, or prescription medications other than by prescription? Yes  No
4. Have you ever seen a psychiatrist or psychologist regarding your mental health? Yes  No
5. Have you ever been confined to a mental hospital or institution for treatment or observation? Yes  No
6. Do you, or have you ever, received disability benefits, including Veteran's disability or Workman's compensation? Yes  No
7. Have you ever been convicted of a felony? Yes  No
8. Have been convicted of a criminal misdemeanor in the past three years? Yes  No
9. Do you possess a valid Drivers License? Yes  No
10. Have you ever applied for membership in another Fire Department? Yes  No
11. Have you ever been denied for membership in another Fire Department? Yes  No
12. Has your membership ever been terminated with another Fire Department? Yes  No

If this application is accepted, I here by agree to obey all By-Laws, House Rules, and Regulations now in force or that may hereafter be adopted. I also understand that I will agree to respond to fire drills and meetings, and extra activities that are Fire Company sponsored, if at all possible.

I hereby certify that the above facts are true to the best of my knowledge.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date