



Purcellville Volunteer Fire Company
 Membership Committee
 P.O. Box 386
 Purcellville VA 20134
 571 258-3902

NEW MEMBER APPLICATION

INSTRUCTIONS: Complete the application and either return it to the Purcellville Volunteer Fire Company, attention: Membership Committee OR you can email it to onboarding@purcellvillefire.org

Upon receipt of the application (or on-line application) the Membership Committee will contact you to arrange for an interview. You will be required to submit to fingerprinting and a background check before action is taken on your application. If you are married or under the age of 18 you must have your spouse or parent sign the form on page 5.

PERSONAL INFORMATION

NAME: _____
First Middle Last

Street Address: _____

City, State, Zip: _____

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ SSN: _____ Shirt Size: _____

Marital Status: _____ Spouse's name: _____

APPLYING FOR (Check One)

Fire Fighter (Operational): Any member who, after satisfying the probationary requirements, intends to participate in fire fighting duties. In order to successfully complete the probationary period members are required to meet all company training and participation standards as described in company SOPs or By-Laws. The member may, after the completion of the year probationary period (full voting privileges), hold administrative office if elected or appointed as described in the By-Laws.

Associate (Non-Operational): Any member who, after satisfying the probationary requirements, will not be participating in fire fighting duties. In order to successfully complete the probationary period members are required to meet all company training and participation standards as described in company SOPs or By-Laws. The member may, after the completion of the year probationary period (full voting privileges), hold administrative office if elected or appointed as described in the By-Laws.

CURRENT EMPLOYER

Name: _____ **Occupation** _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____ **Supervisor:** _____

How long in Present Position: _____ **May we contact employer?** _____

EDUCATION

SCHOOL	NAME AND ADDRESS	DATES ATTENDED	DATE GRADUATED	DEGREE
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____

MILITARY EXPERIENCE

Previous/Current Military Experience: _____

Branch: _____ **Years of Service:** _____ **Highest Rank:** _____

Type of Discharge: _____ **Date of Discharge:** _____

Were you ever found guilty of a court martial offense while in the military? _____

If yes, please explain on the **reverse** of this form and attach additional pages if necessary.

PREVIOUS FIRE FIGHTING EXPERIENCE

Department Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____ **Supervisor:** _____

Reason for Leaving: _____

Department Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____ **Supervisor:** _____

Reason for Leaving: _____

Fire and EMS Certifications (FF-1/2, First Responder, CPR, EMT-B, EVOC, DPO, etc.)

***** Please attach copies of all Certifications**

Certifications	Pro Board Y/N	Date Issued	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE ADDITIONAL SHEET FOR MORE CERTIFICATIONS AND ATTACH COPIES

PERSONAL STATEMENT

Please describe why you are interested in applying for membership in the Purcellville Volunteer Fire Company and what skills, knowledge or experience you think would make you qualified for membership.

Please list any driving or other offenses for which you have been arrested or convicted. (Conviction of a felony is an automatic disqualification.) Please note any instances when you have had contact with any law enforcement agency which may or may not have led to formal charges being filed.

REFERENCES Please list individuals who can serve as a personal reference for you. Avoid listing family members. Choose current or former employers (other than those listed above), teachers, ministers, neighbors or current or past members of the fire company.

Name	Address	Daytime Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

VERIFICATION DATA (Circle One)

Have you ever applied to the Purcellville Volunteer Fire Company in the past? Yes No

If yes, when? _____

Have you ever been refused membership in, or suspended or discharge from, any Fire or Rescue Company in Loudoun County? Yes No

If yes, which one(s) and when? _____

Have you been, or are you now being treated for any medical condition(s) that may prohibit you from performing the duties of the position for which you are applying? Yes No

If yes, please explain: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, when and for what reason? _____

Typical Days and Times you would be available for an interview:

CONSENT AGREEMENTS

Please read the following statements carefully. The statements must be acknowledged by your signature.

I certify that the facts set forth in the above Application for Membership are true and complete to the best of my knowledge, and that I have not intentionally omitted any information. I further certify that there are no willful misrepresentations of falsifications of the above statements and answers to questions. If a background investigation or subsequent discovery discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected and I could be dismissed from the Company and/or disqualified from ever providing volunteer service with the Purcellville Volunteer Fire Company the future

I hereby certify that I have never been (1) convicted of any felony; (2) convicted of any crime involving sexual misconduct or morals and decency; (3) convicted of any crime involving sexual or physical abuse of children, the elderly or infirm; (4) convicted of any crime involving abuse, neglect, or financial exploitation; or (5) convicted of any crime involving initiating a false alarm, making a bomb threat, threats to burn, or arson.

AUTHORIZATION FOR BACKGROUND, FINGERPRINT AND DRIVING RECORD CHECK

For the purposes of applying for membership and, if accepted as a member, periodic recertification while a member of the Purcellville Volunteer Fire Company, I expressly authorize the Purcellville Volunteer Fire Company, the Loudoun County Combined Fire and Rescue System and/or any employee, agent or representative thereof to conduct a background investigation, including but not limited to: an investigation of my personal history, criminal history, driving record, fingerprints and/or employment history. I expressly consent to the release of information concerning my capacity and fitness a by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited. This authorization will be valid for the entire length of my membership with the Purcellville Volunteer Fire Company.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SPOUSE/PARENT CONSENT

I understand that when the above applicant is accepted for membership in the Purcellville Volunteer Fire Company that it will be expected that the member commit to participate fully in activities and responsibilities to satisfactorily execute duties. Initial training courses may require several months to complete and occupy several days per week, and that subsequent participation may involve responding to alarms at any hour of the day or night.

I understand these conditions and will support my family member in this endeavor.

Spouse/Parent Signature: _____ **DATE:** _____

PVFC Use Only Revision 01/2023

Date Application Received: _____

Interview Date: _____ **Interviewer's Name:** _____

Castlebranch Check: Date Requested: _____ **Date Complete:** _____

DMV Check: Date Requested: _____ **Date Complete:** _____

Fingerprint Form Given to Applicant: _____ **Date Complete:** _____

Recommended to Board: **YES** **NO** **Date:** _____

Board Action: _____ **Date:** _____

Membership Vote: _____ **Date:** _____