

# South End Fire Company

17 W Monmouth St, Winchester, VA 22601

Dear prospective member,

Thank you for your interest in applying for membership at the South End Fire Company. The enclosed handout will provide you with an overview of our department, types of memberships, membership requirements, & a membership application.

**On the first Thursday of every month, we have our general membership meeting at our station located at 17 W Monmouth St.** Our meeting starts at 7:00pm in our bingo hall. Anyone who would like to submit an application is **required** to attend in order for South End to vote on their application.

Once again, thank you for your interest in South End. We look forward to meeting you at our membership meeting.

Sincerely,

Nik Zarbo

Member at Large

[memberatlarge@southendfire.com](mailto:memberatlarge@southendfire.com)



## Overview

South End Fire Company is one of four combined volunteer fire departments located within the City of Winchester. South End is a Volunteer Fire Company staffed by Winchester Fire & Rescue personal 24 hours a day 7 days a week. South End has two Pumpers (Wagon 5 and Engine 5) and two medic units (Medic 5-1 and Medic 5-2)

## Types of Memberships.

### Administrative Members

Administrative Members are the backbone of South End. Administrative Members help with fundraising events, and the day to day operations of the station.

### Operational Members

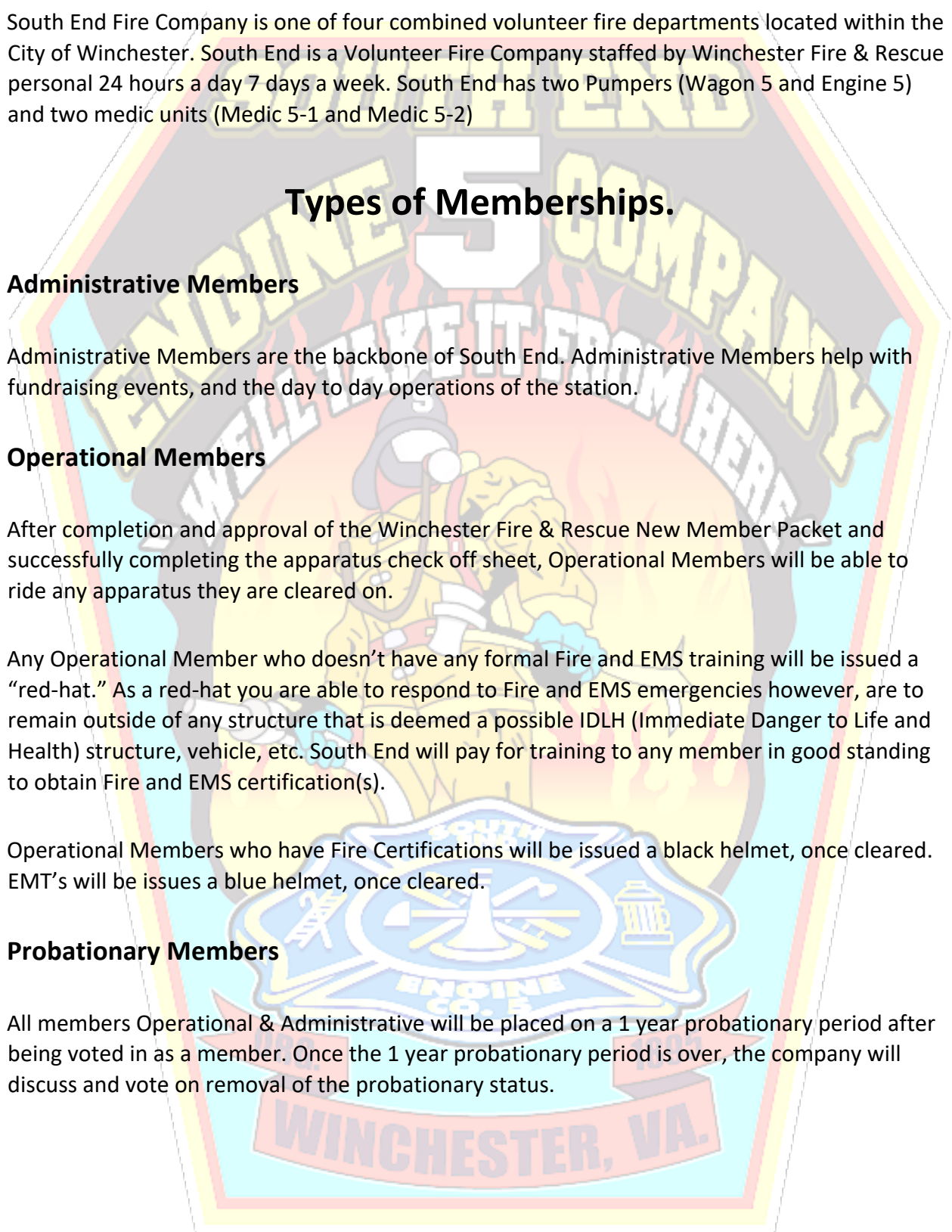
After completion and approval of the Winchester Fire & Rescue New Member Packet and successfully completing the apparatus check off sheet, Operational Members will be able to ride any apparatus they are cleared on.

Any Operational Member who doesn't have any formal Fire and EMS training will be issued a "red-hat." As a red-hat you are able to respond to Fire and EMS emergencies however, are to remain outside of any structure that is deemed a possible IDLH (Immediate Danger to Life and Health) structure, vehicle, etc. South End will pay for training to any member in good standing to obtain Fire and EMS certification(s).

Operational Members who have Fire Certifications will be issued a black helmet, once cleared. EMT's will be issues a blue helmet, once cleared.

### Probationary Members

All members Operational & Administrative will be placed on a 1 year probationary period after being voted in as a member. Once the 1 year probationary period is over, the company will discuss and vote on removal of the probationary status.



## Requirements of Membership

- All members are encouraged to attend monthly meetings of the company. Meetings are held on the first Thursday of each month at the fire station, beginning at 7:00 p.m. Should the first Thursday fall on a legal holiday, the meeting is held on the following Thursday. Members are required to attend at least 7 meetings annually.
- Work as a member of the South End team, always working towards the improvement of the company.
- If interested in responding to emergency incidents, the member must obtain a minimum Firefighter 1 (NFPA course) to respond to fire incidents or EMT (VDH course) to respond to EMS incidents within the first year of membership (either course is acceptable within the first year). In addition, an 8-hour Haz-Mat Awareness course is mandatory. The company also provides training cost and equipment.
- To be an Operational member in good standing you must respond to 24 calls and complete 24 hours of training per year.



# Applicant Information

Date of Applying: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full Legal Name(First, Last, MI): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## Membership Information

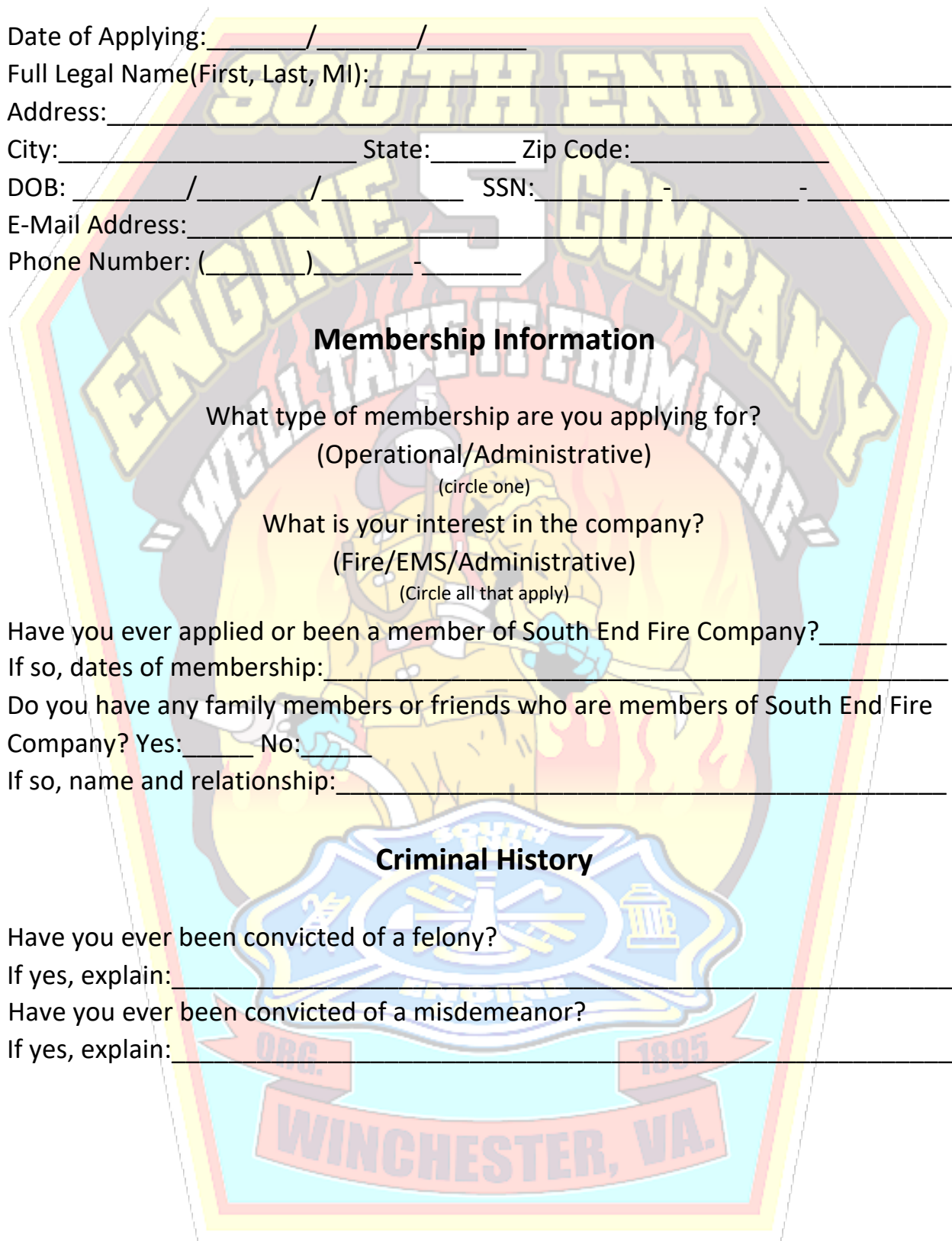
What type of membership are you applying for?  
(Operational/Administrative)  
(circle one)

What is your interest in the company?  
(Fire/EMS/Administrative)  
(Circle all that apply)

Have you ever applied or been a member of South End Fire Company? \_\_\_\_\_  
If so, dates of membership: \_\_\_\_\_  
Do you have any family members or friends who are members of South End Fire Company? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, name and relationship: \_\_\_\_\_

## Criminal History

Have you ever been convicted of a felony?  
If yes, explain: \_\_\_\_\_  
Have you ever been convicted of a misdemeanor?  
If yes, explain: \_\_\_\_\_



## Education History

Name and Address of last school attended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ GED? \_\_\_\_\_

## Medical History

Do you have any medical conditions or physical limitations that we should know about? I.e. Blindness, Color Blind, Deaf, etc.

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Employment History

List a complete work history for the past 3 years including full time and part time employment in chronological order. If more than allotted, attach a separate list.

**Current Employer Name:** \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

**Previous Employer Name:** \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Have you ever been fired, asked to resign from a job, or resigned to avoid being fired? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

## Military Service

Previous/Current Military Experience: \_\_\_\_\_ Branch: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Current or Last rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Date of Discharge \_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Previous Fire/EMS Experience

Are you currently or have you ever been a member of another fire, rescue, ems or emergency service agency? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what agency: \_\_\_\_\_

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

Dates of membership: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_

Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by any emergency service agency? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## References

References will be contacted, so please list persons who will be available. All information must be filled out completely. Please do not include supervisors or employers already listed, spouses or relatives.

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Information Primary

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

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Secondary

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

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_



South End Fire Company has a policy of requiring all members who respond on emergency incidents or operate company owned vehicles to submit to an annual drug screen as well as a driving record. Furthermore, individuals suspected of drug abuse may be required to submit to random drug screening. By making an application to South End Fire Company, you agree to submit to this testing. In addition, your signed application authorized South End Fire Company to perform a background investigation on your behalf.

South End Fire Company has a policy of providing equal opportunity for all members and applicants to become members. No person is to be discriminated against because of race, religion, color, sex, age, national origin, or handicap.

I respectfully make my application for membership to South End Fire Company, Inc. I agree to follow all rules and policies of the organization as approved by its Board of Directors, Officers or Membership. I pledge my support to the future and the welfare of the company.

Applicants Signature: \_\_\_\_\_

Parent or Guardian(if under 18): \_\_\_\_\_

GIVEN UNDER MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

STATE OF VIRGINIA, CITY/COUNTY OF \_\_\_\_\_

THIS DAY ACKNOWLEDGEMENT HIS/HER SIGNATURE TO THE ABOVE APPLICATION.

SEAL

NOTARY

MY COMMISSION EXPIRES ON \_\_\_\_\_,

