

South End Fire Company

17 West Monmouth Street
Winchester, Virginia 22601

(540) 665-0007
(540) 665-0008

APPLICANT INFORMATION

Date of Applying: _____ / _____ / _____

Name: _____

Home Address: _____ Current Address: _____

E-mail Address: _____ SSN: _____ - _____ - _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

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 the apply)

Have you ever applied or been a member of South End Fire Company? _____

If so, dates of membership: _____

CRIMINAL HISTORY

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever been convicted of a misdemeanor? YES NO

If yes, explain: _____

EDUCATION HISTORY

Name and address of last school attended: _____

Highest Grade Completed: _____ Did you graduate? _____ GED? _____

EMPLOYMENT HISTORY

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

Employer: _____	Employer: _____
Address: _____	Address: _____
_____	_____
Supervisor: _____	Supervisor: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____
Dates of employment: _____	Dates of employment: _____
Reason for leaving: _____	Reason for leaving: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
_____	_____
Supervisor: _____	Supervisor: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____
Dates of employment: _____	Dates of employment: _____
Reason for leaving: _____	Reason for leaving: _____

VOLUNTEER HISTORY

List a complete history for the past three years of all volunteer organizations in chronological order. If more than allotted, attach a separate list.

Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Supervisor: _____	Supervisor: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Supervisor: _____	Supervisor: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____

REFERENCES

References will be contacted, so please list persons who will be available. All information must be filled out completely.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (_____) _____ - _____ Phone: (_____) _____ - _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (_____) _____ - _____ Phone: (_____) _____ - _____

EMERGENCY CONTACT INFORMATION

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: (_____) _____ - _____ Phone: (_____) _____ - _____

REQUIREMENTS OF MEMBERSHIP

- Applicants can apply for one of two types of membership: Operational or Administrative. Operational members have the right to vote at company meetings, hold office within the company and respond to emergency incidents if approved by the company Chief. Administrative members are members who assist with the administrative operations of the company, but do not wish to participate in emergency operations, hold office or vote at meetings. Requirements of administrative members are determined on a case-by-case basis by the Board of Directors and are considerably less stringent than active 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. Operational members are required to attend at least 8 meetings annually.
- All members are expected to assist with bingo, the company's primary fundraiser. Bingo is held every Monday and Friday evenings, beginning at 5:00 p.m. Operational members and Administrative members are required to work bingo as directed by the Vice President and approved by the Board of Directors and membership. The current requirement of Operational members as well as Administrative members is 1 bingo per month, at least 4 hours. Should employment interfere with bingo requirements, you are responsible for making sure that someone is there to take your place. Special provisions may be arranged through the Vice President or membership committees.
- 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 of Firefighter I (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. All emergency responders are given a physical and drug screening at no cost to the member. The company also provides training costs and equipment.

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 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 of Guardian (if under 18): _____

GIVEN UNDER MY HAND THIS _____ Day of _____, _____
STATE OF VIRGINIA, CITY/COUNTY OF _____
THIS DAY ACKNOWLEDGES HIS/HER SIGNATURE TO THE ABOVE
APPLICATION.

SEAL

NOTARY

MY COMMISSION EXPIRES ON _____, _____