

South Toe Volunteer Fire & Rescue Department

Station 1 - (828) 675-5537
Station 2 - (828) 675-9398
Station 1 Fax (828) 675-5537

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Social Security Number _____ Date of Birth _____
Last Name _____ First Name _____ M.I. ___ Nickname _____
Address (Street, Apt. No.) _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Pager _____ Mobile _____
Email _____
Height _____ Weight _____ Blood Type _____
Hepatitis B Inoculation Date _____
Allergies _____
Birthplace (City, State) _____ Marital Status _____
Emergency Point of Contact (POC) _____ Relationship _____
POC Phone Numbers (Home) _____ (Work) _____

CURRENT EMPLOYMENT

Employer Name _____ Employer Phone _____
Employer Address (Street) _____
Employer Address (City, State, Zip) _____
Occupation _____ Length of Employment _____

PREVIOUS EMPLOYMENT (IF LESS THAN ONE YEAR AT CURRENT EMPLOYER)

Employer Name _____ Employer Phone _____
Employer Address (Street) _____
Employer Address (City, State, Zip) _____
Occupation _____ Length of Employment _____

**A non-profit corporation providing Fire, Emergency Medical and Rescue services
to the citizens of Burke and Fairfax County.**

EDUCATION

High School _____ Graduation Date _____ Highest Grade _____
Graduation Date _____ Highest Grade Level Completed _____
College _____ Graduation Date _____ Highest Grade _____
Graduation Date _____ Highest Grade Level Completed _____
Post Graduate Education: _____

PREVIOUS FIRE/RESCUE/EMS EXPERIENCE

Previous Fairfax Co. Fire & Rescue Dept. Station _____ Physical Category & Date _____
FF Level(s) _____ VA EMT Level _____ Expirations _____
Other Fire/Rescue Department Organization _____
Address _____
Chief _____ Phone _____ Dates From _____ To _____
Type of Experience _____
FF Level(s) _____ EMT Level & State _____ Expirations _____

CRIMINAL RECORD

Note: All applicants must complete a Background Check preformed by the Yancey County Sheriffs Department.

___ Yes ___ No Have you ever been convicted of a felony?

List Prior Criminal/Traffic Convictions (i.e., DWI, Reckless Driving). List Charges, Place, Date:

- 1.
- 2.
- 3.

PERSONAL REFERENCES

Name _____ Relationship _____ Years Know _____
Address _____ Telephone Number _____
Name _____ Relationship _____ Years Know _____
Address _____ Telephone Number _____

The information provided is correct and complete, to the best of my knowledge. I understand that a background check will be conducted.

Applicant Signature _____ Date _____

FOR DEPARTMENT USE ONLY

Interviewer Remarks _____
Interviewed By _____ Date _____ Recommend Approval: YES NO
Board Review Date _____ Board Decision _____
Applicant Notified _____ Training Officer Notified _____ Sent to Vol Liaison _____
Comments _____