

## **Cover Sheet for SVFD Application**

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

Date of Birth: \_\_\_\_\_

Social:\_\_\_\_\_

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

State:\_\_\_\_\_

Zip Code:\_\_\_\_\_

Contact Number:\_\_\_\_\_

Sex: ☐ Male ☐ Female

Race: ☐ Asian/Pacific Islander ☐ Black ☐ Indian/ Alaska Native ☐ Unknown/Other ☐ White

*\*\*Information provided on this cover sheet will be used to conduct a State Police background check.*

**\*\*\*Upon giving out this application, please have the applicant complete this page and retain it for our records in a secure location. \*\*\*\***

# *SMITHFIELD VOLUNTEER FIRE DEPARTMENT*

1804 S. CHURCH STREET

SMITHFIELD, VA 23430



## *APPLICATION FOR MEMBERSHIP*

# MEMBERSHIP TYPES

Candidate,

Below are the types of membership that we currently offer in the Smithfield Volunteer Fire Department and the requirements for each.

- Full Member
  - Valid legal form of identification
  - 300 points per year
    - ⇒ 1 point per duty hour
    - ⇒ 3 points per call
  - 24 hours of company or VDFP training per year
  - Must attend 1 regular business meeting per quarter
- Junior Member
  - Must be minimum of 16 years of age
  - Valid legal form of identification
  - Same membership requirements of a full member.
- Support Services
  - Support the fire department in a non-firefighting capacity
  - Valid legal form of identification
  - 40 hours of volunteer service per year

# APPLICATION INSTRUCTIONS

Candidate,

Listed below is a list of step by step instructions for you to complete as you move through the process of applying for membership. Please utilize this list, as it will explain to you exactly what needs to be completed in order for this process to be completed.

1. Complete all information areas in the application packet.
2. A Virginia State Police Background Check will be done based on the information you provide on the cover sheet.
3. You must obtain a motor vehicle driving record from your licensing state of your valid vehicle operator's license. (This must be submitted with your completed application to be considered for membership)
4. Obtain a copy of your high school diploma or GED.  
*If you are applying as a Junior Member, please provide the following:*
  - *A letter of reference from a teacher or school official from the school you are currently attending.*
  - *A letter of reference from an active member of the Smithfield Volunteer Fire Department.*
  - *Proof that you are currently enrolled and maintaining a "C" average (2.0 GPA) or better. Applicants not currently enrolled in high school must show meaningful progress toward attaining a GED or equivalent.*
5. Obtain a copy of all current Fire and EMS certifications. (include any out of state certifications)
6. Turn in your application along with ALL requested documents to a member of the SVFD.
7. After the review of all documents by the SVFD, your application will be presented and read at a regular scheduled business meeting
8. At the next scheduled busing meeting your application will have its "First Read". Following your first read, you will be scheduled an interview and be required to spend 24 hours of in station duty as part of your interview process. This will need to be completed before your application is voted on. This duty will be scheduled between the hours of 0800-2200.

9. At the next SVFD regular meeting the membership panel will take action on your application. Your application will be voted on that night by the members of the SVFD. It is recommended that you be in attendance for this meeting.
10. Upon being voted in to the SVFD you will be required to obtain a physical at the expense of the SVFD
11. You will also be required to obtain a completed fingerprint card from the Smithfield Police Department.

*\*\* If any of the above requested documents is not turned in with your application packet, the application will be deemed incomplete and will not move forward in the application process. Regular business meetings are held on the third Tuesday of every month \*\**

# APPLICATION CHECK LIST

Candidate,

Listed below is a checklist for ALL requested documents. Please ensure that you have included all documents in this packet. *If any of the requested documents are not turned in with your application packet the application will be deemed incomplete and will not move forward in the application process.*

- ☐ Completed Application Packet
- ☐ Copy of DMV Driving Record
- ☐ High School Diploma
- ☐ Copy of Current Fire and EMS Certifications.

**\*\*Junior members, please see the step by step guide above for a list of documentation that is required for your application\*\***



# SMITHFIELD VOLUNTEER FIRE DEPARTMENT STATION 50

## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

NAME: (FIRST) (MI) (LAST)				DATE OF BIRTH:	
ADDRESS:				SOCIAL SECURITY #:	
CITY/TOWN:		STATE:		ZIP:	HOME PHONE #:
CURRENT AGE:	WEIGHT:	HEIGHT:	SEX:	CELL OR OTHER PHONE #:	
MARITAL STATUS:	SPOUSES NAME: (LAST) (FIRST)			NUMBER OF CHILDREN:	

### DRIVERS LICENSE INFORMATION

<input type="checkbox"/> I DO NOT HAVE A DRIVERS LICENSE (SKIP TO EMPLOYMENT INFORMATION)			
LICENSE #:	STATE:	CLASS #:	EXPIRATION DATE:
PLEASE PROVIDE A COPY OF YOUR LICENSE AND A COPY OF YOUR DMV DRIVING RECORD WITH THIS APPLICATION			

### VEHICLE INFORMATION

<input type="checkbox"/> I DO NOT DRIVE A VEHICLE (SKIP THIS SECTION)					
YEAR:	MAKE:	MODEL:	COLOR:	PLATE #:	STATE:

### EMPLOYMENT INFORMATION

MAY WE CONTACT YOUR EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYER NAME:			
ADDRESS:		CITY/TOWN:		STATE:	ZIP:
SUPERVISOR:		BUSINESS PHONE:	CURRENTLY EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO		

## FIRE / PUBLIC SAFETY ORGANIZATION INFORMATION

HAVE YOU EVER BEEN A MEMBER / EMPLOYEE OF A PUBLIC SAFETY ORGANIZATION? ☐ YES ☐ NO

### IF YOU ANSWERED YES PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	REASON FOR LEAVING:	DATE OF SERVICE: FROM / TO /
NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	REASON FOR LEAVING:	DATE OF SERVICE: FROM / TO /
NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	REASON FOR LEAVING:	DATE OF SERVICE: FROM / TO /
SPECIAL TRAINING: (SUBMIT COPIES OF CERTIFICATIONS WITH APPLICATION)		
IF CURRENTLY AN EMT OR HIGHER PLEASE PROVIDE EMT OR CERTIFICATION NUMBER & EXPIRATION DATE:		

## PERSONAL REFERENCES

### LIST THREE INDIVIDUALS, NON-RELATIVES, WHO YOU HAVE KNOWN FOR 3 OR MORE YEARS

NAME OF REFERENCE/ORGANIZATION:	TOWN / STATE: PHONE NUMBER:
NAME OF REFERENCE/ORGANIZATION:	TOWN / STATE: PHONE NUMBER:
NAME OF REFERENCE/ORGANIZATION:	TOWN / STATE: PHONE NUMBER:

## MEDICAL INFORMATION

DO YOU HAVE ANY MENTAL/MEDICAL/PHYSICAL PROBLEMS THAT WOULD PREVENT YOU FROM PERFORMING FIRE COMPANY DUTIES? ☐ YES ☐ NO IF YES, EXPLAIN (PLEASE USE ADDITIONAL SHEET OF PAPER IF NEEDED):

DO YOU HAVE ANY KNOWN ALLERGIES? ☐ YES ☐ NO IF YES, EXPLAIN:

ARE YOU CURRENTLY ON PRESCRIPTION MEDICATIONS? ☐ YES ☐ NO IF YES, EXPLAIN:

WERE YOU EVER INJURED OR HAVE PHYSICAL LIMITATIONS? ☐ YES ☐ NO IF YES, EXPLAIN:

INDICATE ANY OF THE FOLLOWING RESTRICTIONS OR CONDITIONS:

☐ HEARING ☐ VISION ☐ SPEECH ☐ HEART ☐ BACK ☐ HIGH BLOOD PRESSURE ☐ OTHER

## EMERGENCY CONTACT

NAME:	RELATIONSHIP:	HOME PHONE:	OTHER PHONE:
ADDRESS:		TOWN / STATE / ZIP:	



## CRIMINAL BACKGROUND CHECK

HAVE YOU EVER BEEN CONVICTED OF SUMMARY, MISDEMEANOR, OR FELONY CRIME? (PLEASE CHECK) ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: (use additional sheet if necessary)

## MEMBERSHIP TYPE REQUESTED

FULL MEMBER ☐

ASSOCIATE MEMBER ☐

JUNIOR FIREFIGHTER ☐

SUPPORT SERVICES ☐

**\*\*JUNIOR FIREFIGHTER AGE RANGE 16 – 17 YRS\*\* (MUST BE 18 TO BECOME REGULAR FIREFIGHTER)**

## JUNIOR MEMBERSHIP APPLICANTS & PARENTS OR LEGAL GUARDIAN MUST READ!!

All individuals applying as junior members must be at least 16 years of age at the time the membership application is read at the company meeting. Further rules and regulations apply to junior members and working papers must be submitted along with the application. A parental signature is also required. A junior member upon being accepted will meet with the fire chief to review rules and regulations. This must be completed prior to any activity involving the junior member.

## MEMBERSHIP AGREEMENT

I have read the above application and understand the contents of it. I hereby authorize the Smithfield Volunteer Fire Department the right to thoroughly investigate all information provided.

Further, I understand that the Smithfield Volunteer Fire Department will do a criminal background check through law enforcement agencies and computerized criminal histories at the local / state and federal levels, as well as checking my driving history records.

I also understand that prior to being accepted as a member of the Smithfield Volunteer Fire Department that I will be requested to have a detailed medical physical prior to any firefighting related tasks.

If accepted as a member of the Smithfield Volunteer Fire Department I also understand that I will be a probationary member for the first year of acceptance and at the discretion of the company, my membership may be terminated at any point during this time period for any reason or have the period extended for further evaluation.

I release from liability all persons, companies, and corporations supplying such background information. Furthermore I release and hold harmless the Smithfield Volunteer Fire Department from and against any and all liability which may result from making such an investigation.

I understand that any false answer, statement or representation made by myself in this application shall constitute sufficient cause for revocation of the application or membership with the Smithfield Volunteer Fire Department.

Members of the Smithfield Volunteer Fire Department reserve the rights to accept or reject any application upon a vote of the fire company at any monthly business meeting.

Lastly I understand that the Smithfield Volunteer Fire Department may hold my membership application for a period of up to 60 days if further background information is needed.

### PLEASE COMPLETE THIS SECTION ACKNOWLEDGING YOU UNDERSTAND THE ABOVE MEMBERSHIP AGREEMENT

MEMBER'S PRINTED NAME:

MEMBER'S SIGNATURE:

DATE:

IF APPLICANT IS BEING RECOMMENDED BY A MEMBER OF THE SMITHFIELD VOLUNTEER FIRE DEPARTMENT PLEASE HAVE THAT MEMBER SIGN NAME HERE:

### IF UNDER 18 PLEASE PROVIDE A PARENT/GUARDIAN SIGNATURE

PRINTED NAME OF APPLICANT:

SIGNATURE:

DATE:

PRINTED NAME OF PARENT / GUARDIAN: (IF UNDER 18 YRS OLD)

SIGNATURE: (IF UNDER 18 YRS OLD)

DATE:

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

APPLICATION REVIEWED BY: (PRESIDENT/VP)

INTERVIEW BOARD MEMBERS:

ACCEPTED/REJECTED

DATE

HELD OVER /REASON:

DATE:

VSP BACKGROUND FORM:

☐

PHYSICAL COMPLETED:

☐

SVFD ID NUMBER:

DMV DRIVING RECORD:

☐

DATE COMPLETED:

COAT SERIAL #

SVFD VEHICLE PLATE:

☐

PAGER ISSUED:

☐

GEAR

☐

EXT. GLOVES

☐

HELMET

☐

GLASSES

☐

HOOD

☐

BOOTS

☐

GLOVES

☐

PANTS SERIAL #

PLATE SERIAL #:

SERIAL #:

MEMBER HAS BEEN ENTERED INTO IAMRESPONDING

☐

MEMBER HAS FILLED OUT BENEFICIARY INFO

☐

MEMBER HAS BEEN ASSIGNED TO A LIEUTENANT

☐

MEMBER HAS BEEN ISSUED A SVFD ID CARD

☐

MEMBER HAS BEEN ISSUED UNIFORMS

☐

2 TEE SHIRTS

SWEATSHIRT OR JOBSHIRT

1 POLO SHIRT

MEMBER HAS ATTENDED ORIENTATION

☐

MEMBER HAS OBTAINED ACCESS TO WEB,  
EMAIL AND NETWORK

☐