

**APPLICATION FOR MEMBERSHIP**

**FREDERICKSBURG VOLUNTEER FIRE COMPANY**

**P. O. Box 662**

**Fredericksburg, Virginia 22404**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First Middle Last*

**Home Address:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Nearest Relative:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Your Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Number of Dependants:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Color of Eyes:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_

**Complexion:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Identification Marks, Scars, Tattoo's etc:** \_\_\_\_\_

**Are you willing to submit to a Physical Examination?** \_\_\_\_\_

**What are your Hobbies?** \_\_\_\_\_

**Do you have any Special Qualifications for This Work?**  
\_\_\_\_\_

**Military Service** \_\_\_\_\_ **Branch** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Do You Have a Driver's License?** \_\_\_\_\_ **Automobile?** \_\_\_\_\_

**Are You Available for Fire Calls?** \_\_\_\_\_ **Days?** \_\_\_\_\_ **Nights?** \_\_\_\_\_

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Applicant's Signature**

**Give Three (3) References with Address and Phone. (Other Than Relative or Employer.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Plain Impressions of the Three (3) Fingers of the Right Hand:**

**Please Attach a Recent Photograph:**

***APPLICATION MUST BE COMPLETE WHEN SUBMITTED!***

**Given to Investigating Committee:** \_\_\_\_\_  
*Date*

**Investigating Committee Report:** Accept \_\_\_\_\_  
Reject \_\_\_\_\_  
Table \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Chair, Investigating Committee**

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Fredericksburg, Virginia 22404

## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

To Any Police Department or Police Official:

I, \_\_\_\_\_, address \_\_\_\_\_  
\_\_\_\_\_, have applied for membership in the  
**FREDERICKSBURG VOLUNTEER FIRE COMPANY**. I am aware that my entire  
background may be investigated. I hereby authorize and request the release of any and all  
information you have concerning myself to the President or Secretary or their  
representative upon presentation of this signed document.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Witnessed by (Need Two (2))

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**A CURRENT DRIVING RECORD MUST BE SUBMITTED WITH APPLICATION**