

# Membership Application



Blue Ridge Volunteer Fire and Rescue Co., Inc.

P.O. Box 216

Bluemont, Va 20135

(540) 955-4000

# Membership Application

(Please print or type)

Select type of Membership: Active \_\_\_\_\_ Active Associate \_\_\_\_\_ Associate \_\_\_\_\_ Junior \_\_\_\_\_

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## Personal Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Valid DL#: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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## Experience:

Do you have any Fire or EMS experience: \_\_\_\_\_ if so, when and where: \_\_\_\_\_

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Do you hold any current certifications: \_\_\_\_\_ if so, please provide copies and attach with application.

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## Health and Fitness:

Are you in good physical condition?: \_\_\_\_\_

Do you have any physical conditions that would hinder you from performing on a fire or emergency operation? If so, state conditions: \_\_\_\_\_

Have you now or ever been diagnosed with T.B., Meningitis, Hepatitis, or any other medical conditions?:  
\_\_\_\_\_ If so, was the illness successfully cured?: \_\_\_\_\_

Would you be willing to participate in the County's infectious control program? \_\_\_\_\_

(All cost for Flu shots and Hepatitis B shot Series will be covered by the company)

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**Criminal Background:**

Have you ever been convicted of or plead guilty to a felony?: \_\_\_\_\_ if so, please provide specific information: \_\_\_\_\_

Have you ever been convicted of or plead guilty to a DUI or DWI?: \_\_\_\_\_ If so, when and where: \_\_\_\_\_

Has your Drivers License ever been revoked in Virginia or any other state?: \_\_\_\_\_ If so, when and where: \_\_\_\_\_

**Agreement:**

I agree to abide by all rules and regulations associated with Blue Ridge Volunteer Fire and Rescue Company, Inc.

I also consent to any or all criminal background, driving record, and reference checks upon request.

\_\_\_\_\_  
Signature Date

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**Official use only**

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_

Recommended: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Remarks: \_\_\_\_\_

Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_