Warrenton Rural Volunteer Fire Department

"Serving the Central Warren Fire District and the Town of Warrenton"

Post Office Box 175
236 South Main Street
Warrenton, North Carolina 27589-0175

MEMBERSHIP APPLICATION

[REV. 10/20/2022]

All information and references given on the application may be verified by the Fire Chief or his representative.

Full Name: _____ Date of Application: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Date of Birth _____ Social Security Number: _____

Driver's License Number and State _____ Email Address: _____
[Include Copy of License]
Current Employment or Name of School _____ Work Phone: _____

Married ? _____ Spouse's Name _____

Educational background: Highest Grade
High School/Tech School: _____ Completed/GED _____

College/Vocational School: _____ Degree: _____

Post Graduate: _____ Level: _____

Military Experience: _____ Rank: _____

Previous Firefighting/ESO Experience: [INCLUDE LETTER OF REFERENCE FROM FIRE CHIEF]

Fire Department/ESO: _____ Date:_____to_____ Rank: _____

Fire Chief's Name: _____Phone Number: _____

Fire Department/ESO: _____ Date:_____to_____ Rank: _____

Fire Chief's Name: _____ Phone Number: _____

Total Years involved in ESO: _____

Fire Schools/Training/Certifications [Firefighter/Rescue/EMS/etc.] **Provide OSFM Transcript available on-line.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Do you plan to live in Warrenton or the Central Warren Fire District for the next full year? _____

Will your employer allow you to leave or report late to work for emergency calls? _____

Health Information:

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? ____ If yes, please explain:

_____

_____

_____

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [fear of height, dark, claustrophobia, etc.] _____ If yes, please explain:

_____

_____

_____

Name of Person to contact in case of an emergency _____

Emergency Phone Number: _____

Beneficiary & Relationship: _____ _____

Background Investigation:

I will cooperate and agree to permit Warrenton Rural Volunteer Fire Department to conduct an investigation into my background through the Police Department, Sheriff's Department, NC Highway Patrol, SBI, FBI, or any other recognized law enforcement organization to include providing finger prints as required by state law.

Signature _____

Date: _____ Printed Name _____

Have you ever been convicted of a crime? ____ If yes, please explain

_____

_____

_____

Describe any traffic violations or accidents in the past three years: [ ] None

_____

_____

_____

_____

_____

The applicant certifies that the above information is true and accurate.

Signature of Applicant _____ Date: _____

Signature of Sponsor _____ Date: _____

FOR DEPARTMENT USE ONLY

Date Application Received _____

Date Reviewed By Board of Directors _____ Rejected [ ] Accepted [ ]

Date Reviewed By Membership _____ Rejected [ ] Accepted [ ]