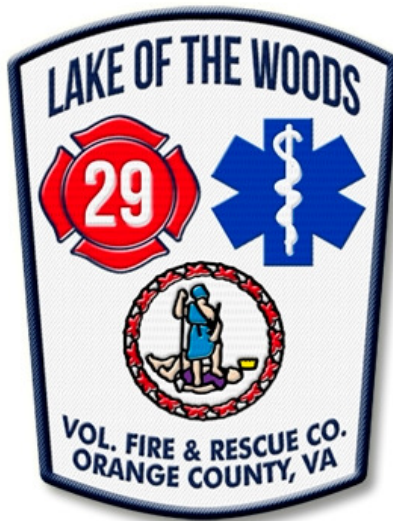


APPLICATION FOR MEMBERSHIP

LAKE OF THE WOODS
VOLUNTEER FIRE & RESCUE COMPANY, INC.

104 Lakeview Parkway
Locust Grove, Virginia 22508



OFFICE USE ONLY:

Date received: _____

By: _____

(USE BLACK INK)

Name: _____

Date submitted: _____

Applying for:

Only check one

Fire only []

Rescue only []

Both []

**Lake of the Woods Volunteer Fire & Rescue Company Inc.
Membership Application**

1. FULL LEGAL NAME: _____ 2. AGE: _____
(Last) (First) (Middle)

3. DOB: (mm/dd/yy) ____/____/____ 4. PLACE OF BIRTH: _____

5. SSN: _____ - ____ - _____ 6. MARTIAL STATUS: Single ____ Married ____

7. CURRENT ADDRESS: _____
(Street)

(City) (State) (Zip Code)

PHONES: HOME (____) ____ - _____ WORK (____) ____ - _____ CELL (____) ____ - _____

8. MAILING ADDRESS (If different) _____

9. EMAIL ADDRESS: _____

10. EMERGENCY CONTACT: NAME _____ PHONE _____
ADDRESS _____

11. NEXT OF KIN: _____ (Name) _____ (Phone)

(Address)

12. REFERENCES: (Three Required) Do not used immediate family

(Complete name) (Address) (Telephone)

(Occupation) (Years Acquainted) (Business Telephone)

(Complete name) (Address) (Telephone)

(Occupation) (Years Acquainted) (Business Telephone)

(Complete name) (Address) (Telephone)

(Occupation) (Years Acquainted) (Business Telephone)

Lake of the Woods Volunteer Fire & Rescue Company Inc. Membership Application

13. COURT RECORD

Have you ever been arrested: [] YES [] NO

If yes, Explain: _____

Have you ever been convicted of a criminal offense: [] YES [] NO

If yes, Explain: _____

Have you ever been convicted of a driving offense: [] YES [] NO

If yes, Explain: _____

14. SPECIAL QUALIFICATIONS AND SKILLS (FIRE=F RESCUE=R OTHER=O)

Copy of any training/certification shown below is required.

Type of Training -	Certificate Date received	Date expires	F/R/O
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total years/months Emergency related experience Fire _____ Rescue _____

Name and address of Fire Company/Rescue Squad Name of Chief/Captain

Telephone (____) _____

15. OTHER RELATED ACTIVITIES

ALL APPLICANTS

Applicants must be physically able to perform those routine duties associated with fire and rescue.

Do you know or have you ever had any serious illness or injury which would preclude or prevent you from performing those routine duties associated with fire and rescue service, i.e. bending, stooping, lifting heavy objects, working in confined spaces, or working in extreme elements? [] YES [] NO

If yes explain in detail: _____

I fully understand that if selected for membership I must service a six-month probationary period. I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature

Parent or Guardian for applicants under 18 years of age

Lake of the Woods Volunteer Fire & Rescue Company Inc. Membership Application

16. DEPARTMENT INTERVIEWS

I have reviewed all materials for applicant and do/do not recommend for membership:

_____ Date
Personnel & Grievance Chairman

I have reviewed all materials for applicant including a personal interview and **do/do not** recommend for membership:

_____ Date
Fire Chief

I have reviewed all materials for applicant including a personal interview and **do/do not** recommend for membership:

_____ Date
Rescue Chief

17. MEMBERSHIP APPROVAL (Subject to six month probation of active service)

Applicant's request for probationary membership was voted on by the membership on mm___ dd___ yy___ and membership **was/was not** granted.

_____ Date
Fire/Rescue Personnel Officer

18. FULL MEMBERSHIP APPROVAL (Subject to six month probation)

Applicant's request for probationary membership was voted on by the membership on mm___ dd___ yy___ and membership **was/was not** granted.

_____ Date
Fire/Rescue Chief

19. MEMBERSHIP APPROVAL BY BOARD OF DIRECTORS

Applicant's request for membership was voted on by the Board of Directors on mm___ dd___ yy___ and membership **was/was not** granted.

_____ Date
Secretary

20. COMMENTS: _____

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RELEASE

Social Security Number _____ **Date of Birth** _____

Name _____
(last) (first) (middle)

I hereby authorize Lake of The Woods Fire & Rescue Company or its representatives to conduct an investigation into my background. This includes checks with all law enforcement agencies and a check with the DMV as well as checks with everyone listed in my reference list as well as other members of the community that would have knowledge of my character.

Applicant's Signature

Date

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STATEMENT OF DRUG AND ALCOHOL POLICY

The work of fire and rescue personnel requires a clear mind. Any attempt to perform these duties while under any drug induced impairment of physical or mental abilities constitutes a severe danger to the individual, other members of the department, and the general public. Therefore, the use of alcohol during any time period which will impair an individual's abilities while on duty or a call is strictly prohibited. If a member has been drinking, he/she should not respond to a call. No member should respond to a call unless they are at least six hours from the time of last alcohol intake. The use of drugs illicit is strictly prohibited and will be grounds for removal from the department. The use of prescription or over the counter drugs that impair an individual's ability to perform their duties should not be used when on duty or responding to calls.

In order to insure a drug free department, every member is required to consent to drug testing whenever requested to do so by the Fire Chief or Rescue Chief. Any person who hasn't consented, no person who refuses to take a drug test, and no person who tests positive for drug use may remain a member of the department. Any person requested to take a drug test may be suspended pending the results of the test. I have read the above statement and consent to take a drug test whenever requested by the Fire Chief and Rescue Chief and to abide by the prohibitions set forth in this statement.

Applicant's Signature

Date

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**LAKE OF THE WOODS
VOLUNTEER FIRE & RESCUE COMPANY, INC.
104 Lakeview Parkway
Locust Grove, Virginia 22508**

PARENTAL PERMISSION FORM

(must be completed for all applicants between 16 and 18 years of age)

Active participation in the fire service includes: Regular attendance at meetings, attending fire training schools, and fighting fires. The use of power tools is required for these duties.

Active participation in the rescue squad includes: Regular attendance at meetings, attending emergency care training courses, and providing emergency medical care at the level of the member's certification. The use of manual and powered equipment is required for these duties.

Junior members will be able participate on both fire and rescue subject to the restrictions in force for the respective element. No Junior member will be allowed to drive a fire or rescue vehicle.

_____ has my permission to participate in the above
(name)
activities and to become a member of the Lake of The Woods Fire and Rescue Company, Inc.

Parent or Guardian Signature

Date