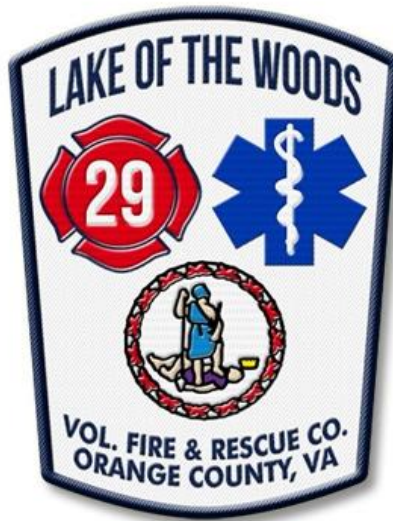


# APPLICATION FOR MEMBERSHIP

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

**104 Lakeview Parkway  
Locust Grove, Virginia 22508**



## **Please complete**

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

Date submitted: \_\_\_\_\_

When turning in the completed application please place it in the "Application Box" located in the lobby of the Rescue building or email Personnel & Grievance committee at, [applications@lowfr29.com](mailto:applications@lowfr29.com) to arrange drop off.

Lake of the Woods Volunteer Fire & Rescue Company provides an equal opportunity and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, or veteran status.

## **OFFICE USE ONLY:**

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

By: \_\_\_\_\_

## **Please choose what you are applying for:**

Fire only [ ]

Rescue only [ ]

Both [ ]

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

1. FULL LEGAL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

2. Are you older than 16 years of age YES \_\_\_\_ NO \_\_\_\_ Are you older than 18 years of age Yes \_\_\_\_ NO \_\_\_\_

3. Are you eligible for Employment in the United States? Yes \_\_\_\_ NO \_\_\_\_

4. MARTIAL STATUS: Single \_\_\_\_ Married \_\_\_\_

5. CURRENT ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

PHONES: HOME (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

6. MAILING ADDRESS (If different) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

7. EMERGENCY CONTACT: NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

8. REFERENCES: (Three Required) Do not use immediate family

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(Complete name)

\_\_\_\_\_  
(Address) (Telephone)

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Occupation) (Years Acquainted) (Business Telephone)

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

**REFERENCES: (continued)**

\_\_\_\_\_  
(Complete name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Occupation)

\_\_\_\_\_  
(Years Acquainted)

\_\_\_\_\_  
(Business Telephone)

**EMAIL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
(Complete name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Occupation)

\_\_\_\_\_  
(Years Acquainted)

\_\_\_\_\_  
(Business Telephone)

**EMAIL ADDRESS:** \_\_\_\_\_

**9. 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: \_\_\_\_\_

**10. EDUCATION:** Please indicate education or training which you believe qualifies you for the \_\_\_\_\_ position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: \_\_ Yes \_\_ No G.E.D.: \_\_ Yes \_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

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

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

Please provide copy of any training/certification shown below.

Type of Training -	Certificate Date	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

\_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**12. OTHER RELATED ACTIVITIES** (community activity or membership in organizations)

\_\_\_\_\_

**ALL APPLICANTS: Please complete**

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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent or Guardian for applicants under 18 years of age

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

**RELEASE**

**LAST 4 OF SSN** \_\_\_\_\_

**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

\_\_\_\_\_  
Parent or Guardian for applicants under 18 years of age

**DRUG AND ALCOHOL STATEMENT**

The work of fire and rescue personnel requires a clear mind. Any attempt to perform these duties while under any alcohol/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 eight hours from the time of last alcohol intake. When a reasonable suspicion exists the member shall be directed to submit to testing, if the member's test results are 0.04% or higher they are considered impaired. Any person requested to take an alcohol test may be suspended pending the results of the test.

The use of illegal substances, including, the use of any illicit drugs, the misuse of prescription drugs or over the counter drugs, that impairs an individual's ability to perform their duties should not be used when at any fire or rescue station, on any emergency scene, or training. In order to insure a drug free department, every member is required to consent to drug testing whenever requested to do so. 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 alcohol/drug test whenever requested by the Fire Chief or Rescue Chief and to abide by the prohibitions set forth in this statement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian for applicants under 18 years of age

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

## **Membership Application**

### **CODE OF CONDUCT**

The following procedures designate official representation of the Lake of the Woods Volunteer Fire and Rescue Company while on duty, at training classes, or at any function where you are identified or being affiliated with this department:

All personnel will be courteous and polite to the public, patients, personnel and peers. Members are expected not to engage in actions, which could reflect unfavorably upon the company.

When wearing any Lake of the Woods Volunteer Fire and Rescue attire, please use good judgment when purchasing and consuming alcohol. Also when on duty members are expected to wear proper attire.

Abusive and inappropriate language will not be used. Members are expected to be respectful of others. Harassment of any type will not be tolerated.

Negatively - perceived gestures or signs will not be tolerated.

Other agency representatives will always be addressed in a courteous manner.

Where members are assigned to a regularly scheduled duty crew, or as part of a standby, the member will be expected to be on time, in proper attire and with good personal hygiene. Remember any time you are on duty, running a call, attending a class or function where you are identified as a member of Lake of the Woods volunteer Fire and Rescue, you are expected to act as an ambassador of good will and courtesy.

The use of company equipment and supplies for personal business is prohibited. Also the use of company computers for illicit or immoral purposes is strictly prohibited.

Conducting private business from company facilities is prohibited.

Visitors to our facilities are to be escorted at all times. The code to the buildings must be controlled and is not to be given to other than members and individuals who have a legitimate reason to have the code.

Visitors are not allowed to spend the night in company buildings and are expected to vacate the buildings when asked to do so.

Use of the exercise facility is for members only, family and friends are not allowed to use the facility. Those using this facility are expected to help keep it clean.

All members are expected to help with housekeeping duties in order to keep our grounds and facilities clean and neat. Members are expected to clean up behind themselves. Members are also expected to keep all vehicles and equipment properly maintained. All vehicles and equipment are to be properly used. Removal of vehicles or equipment for other than official use must have prior authorization from a company officer.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian for applicants under 18 years of age

# Lake of the Woods Volunteer Fire & Rescue Company Inc.

## Membership Application

### **PARENTAL PERMISSION FORM** - (for applicants under 18, must have parent or guardian signature)

Please review and complete the information below. Sign your name/date with a daytime telephone number  
Application will be denied until such time form is completed in its entirety.

Applicant Name \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_, hereby certify that we/ I am the  
parent(s) and/or lawful guardian(s) of \_\_\_\_\_, Date of Birth \_\_\_\_\_.

We/ I FULLY UNDERSTAND that the participation in Firefighting or Rescue activities has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the Minor that:

(a) THE ACTIVITIES OF FIREFIGHTING/RESCUE ARE DANGEROUS and participating in these activities involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation;

(b) these risks and dangers may be caused by the Minor's own actions or inaction, the actions or inaction of others participating in the training program;

(c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

We/ I consent to the Minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

WE/ I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/ I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give our/ my permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

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Applicant's Printed Name	Applicant's Signature	Date

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Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

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

**OFFICE USE ONLY: DEPARTMENT INTERVIEWS**

I have reviewed all materials for applicant and **Do/Do not** recommend for probationary membership:

\_\_\_\_\_  
Personnel & Grievance Chairman Date

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

\_\_\_\_\_  
Fire Chief or designee Date

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

\_\_\_\_\_  
Rescue Chief or designee Date

**MEMBERSHIP APPROVAL (Subject to satisfactorily completing probation)**

Applicant's request for membership was voted on by the membership on  
mm \_\_\_\_ dd \_\_\_\_ yyyy \_\_\_\_\_ and membership **was/was not** granted.

\_\_\_\_\_  
Fire/Rescue Officer Date

**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.

\_\_\_\_\_  
Secretary Date

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_