



Mathews
Volunteer Fire Department
 Serving Mathews, VA Since 1921



Membership Application

Name: _____ Social Security # _____

Address: _____

Date of Birth: _____ Age: _____

Phone Number: Home _____ Cell: _____

Employer: _____

Employer's Address: _____

Hours You Work: _____

Have you had any prior training in firefighting? YES NO

If Yes please explain: _____

Do you have a valid Virginia Operator's License? YES NO

Have you ever been arrested, other than a traffic violation? YES NO

If Yes please explain: _____

Do you object to a criminal background and DMV check and the use of them to determine your eligibility? YES NO

I give as references, signatures of the following three members in good standing:

I understand that I will be expected to attend regular monthly meetings, station meetings, training drills, state certified EVOC-S3 training prior to my being allowed to drive fire apparatus, state certified SCBA class before allowed to do interior firefighting and all other department functions. Also, I understand I will be on probation for a period of one year.

Please produce a copy of your DMV record when you submit this application. It will not be accepted until you do.

Signature: _____ Date: _____

Date: Received: _____ Accepted: _____ Rejected: _____

CCRE _____ DMV _____

If Rejected, Reason: _____