



MANASSAS VOLUNTEER FIRE COMPANY, Inc.
9322 CENTREVILLE ROAD, MANASSAS VA 20110

AUXILIARY MEMBERSHIP APPLICATION

DATE: _____ WORK PREFERENCE: _____ (BINGO FLOOR OR KITCHEN)

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE SUFFIX

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOME PHONE #: _____ WORK #: _____

CELL#: _____ EMAIL ADDRESS: _____

DOB: _____ CITIZENSHIP: _____

REFERRED BY: _____

MEDICAL INFORMATION

Use additional pages if needed

DO YOU HAVE ANY PHYSICAL CCNDITIONS OR ILLNESSES THAT MIGHT PREVENT YOUR PARTICIPATION AS A AUXILIARY MEMBER IN FIRE COMPANY ACTIVITIES? YES NO IF YES, EXPLAIN:

HAVE YOU EVER HAD EPILEPSY OR ANY OTHE RMENTIAL OR NERVOUS AILMENT, R BEEN A PATIENT IN AN INSTITUTION FOR TREATMENT OF SUCH AILMENT? YES NO IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____ (H, W OR C)

CAREFULLY READ & SIGN THE FOLLOWING STATEMENTS:

I, _____, AUTHORIZE THE MANASSAS VOLUNTEER FIRE COMPANY, INC. TO MAKE A COMPLETE BACKGROUND CHECK ON ME AS REQUIRED BY COMPANY BY-LAWS AND STATE REGULATIONS.

SIGNATURE: _____ **DATE:** _____

I, _____, CERTIFY I HAVE READ AND FULLY UNDERSTAND THIS FORM IN ITS ENTIRETY AND THAT THE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, SHOULD ANY STATEMENT I MAKE PROVE FALSE, MISLEADING OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY APPLICATION OR IN MY DISCHARGE FROM THE COMPANY. UPON RESIGNATION OR TERMINATION OF MY MEMBERSHIP, I AGREE TO RETURN ALL ITEMS ISSUED BY THE COMPANY, INCLUDING BUT NOT LIMITED TO UNIFORMS, EQUIPMENT AND ANY OTHER ITEM ENTRUSTED TO ME.

SIGNATURE: _____ **DATE:** _____

I, _____, UNDERSTAND THAT THE ROLE AS AN AUXILIARY MEMBER MEANS THAT I WILL PERFORM DUTIES IN SUPPORT OF COMPANY FUNDRAISERS, PUBLIC EDUCATION, BINGO, AUXILIARY KITCHEN, MEMBERSHIP DRIVES AND OTHER COMPANY/AUXILIARY COMMUNITY ACTIVITIES. I AM ALSO RESPONSIBLE FOR MAINTAINING CURRENT MEMBERSHIP/CONTACT INFORMATION.

SIGNATURE: _____ **DATE:** _____

MEMBERSHIP COMMITTEE USE ONLY

DATE OF INITIAL INTERVIEW: _____ **BY:** _____

DATE PRESENTED TO COMPANY: _____ **BY:** _____
(PRE BACKGROUND CHECK)

DATE BACKGROUND RESPONSE RECEIVED: _____ **BY:** _____

DATE PRESENTED TO COMPANY: _____ **BY:** _____
(POST BACKGROUND CHECK)

COMPANY VOTE APPROVED: YES or NO

DATE APPLICANT NOTIFIED OF COMPANY VOTE: _____ **BY:** _____

DATE ENTERED INTO EMSESCHEDULE: _____ **BY:** _____

NOTIFIED VIA: _____ (CERTIFIED MAIL, EMAIL, VERBAL)

DATE APPLICANT GIVEN WELCOME PACKAGE: _____

SS _____

5/9/17