



# Rocky Mount Fire Department: Membership Application

Name: \_\_\_\_\_ SS# \_\_\_\_\_

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

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Have you ever been convicted of a felony? Yes / No

What is your highest level of education: Elementary / High School / College

Are you currently a member of the Armed Forces? Yes / No

Are you currently a member of any other fire or rescue agency? Yes / No

If yes please list :

Have you ever had any Fire Training? Yes / No

List Certifications held and the state they are issued in: (Continue on back if necessary)

How did you hear about volunteer opportunity with the fire department?

### Additional requirements/information for Interview

1. On back of this application, please provide directions to get to the station from your address.
2. A complete, current driver record from VA DMV must be attached to this application. This can be obtained in person at or ordered online at [www.dmv.virginia.gov](http://www.dmv.virginia.gov)
3. After you submit your complete application, the Membership Committee will contact you for an interview.

### Department Policies:

All applicants have one year from the time of acceptance to complete Fire Fighter I Training. The classes for Fire Fighter I are usually held locally and require night and some weekend classes. All applicants are required to pass a medical exam and successfully complete a physical agility test before becoming a probationary member of the Department. The medical exam is conducted locally by the office of Drs. Amos & Bumgardner, and is paid for by the department.

*"I have answered the above questions truthfully and to the best of my ability. If I have answered any of the above questions falsely, it will be grounds for immediate dismissal from the Rocky Mount Fire Department. I agree to allow the Rocky Mount Fire Department to have access to my criminal records in order to complete a background check."*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Please provide 3 references that are NOT members of your family or RMFD. References will be contacted.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date complete application received by membership committee chairman: \_\_\_\_\_

Directions from Residence to Firehouse:

Certifications (continued):