SHEPHERDSTOWN FIRE DEPARTMENT, INC.

8052 Martinsburg Pike • PO Box F • Shepherdstown, WV 25443
(304) 876-2311 • ShepherdstownFireDepartment.com

APPLICATION FOR MEMBERSHIP

☐ Full ☐ Associate ☐ Support ☐ Live-In

Name: ______________________________ Date: ____________
Last First Middle

Physical Address: ______________________________
Street City State Zip

Mailing Address: ______________________________
Street/Box City State Zip

Phone: ______________ e-mail: ______________________ Date of Birth: __________

Social Sec. #: _______-______-_______ Drivers License #: ________________ State: _______

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EDUCATION

High School Status: ☐ Enrolled ☐ Graduated ☐ GED School Name: ______________________

Highest Grade Completed: ______ Actual/Expected Graduation Date: __________

Colleges, Universities, Trade Schools Attended:

School Name & State	Major Field	# of Credits	Degree Awarded	Dates Attended
				-
				-
				-

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EMPLOYMENT

Current (or most recent) Employer: ________________________ From/To Dates: __________

Address: ________________________ Job title: ________________________
City State

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HEALTH

Date of last physical examination: ______________

Do you have any disabilities that would prevent you from performing any firefighting or EMS related duties?

☐ Yes ☐ No If yes, please explain: ____

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AFFILIATIONS List any current and/or past Fire, EMS, or Rescue companies you are/were affiliated with:

Organization Name:	City/State	Calls/Month	Pd/Vol	Membership Dates
				-
				-
				-

List any other related affiliations or memberships: ____

TRAINING AND CERTIFICATIONS

Do you have any of the following training and/or certifications? (check all that apply)

☐ CPR	☐ Firefighter I	☐ HazMat Awareness	☐ EVOC
☐ First Aid	☐ Firefighter II	☐ HazMat Operations	☐ DPO
☐ WV EMT-B	☐ WV Paramedic	☐ Auto Extrication	☐ Fire/EMS Driving Experience

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CHARACTER List two persons, excluding relatives, you've known for at leas two years as character references.

Name _______________ Address _______________ Phone _______________

Name _______________ Address _______________ Phone _______________

Have you ever been convicted of a criminal offense, felony or misdemeanor? ☐ Yes ☐ No If yes, list date and place:

____

Have you ever been subject to disciplinary action in another organization? ☐ Yes ☐ No If yes, list date and place:

____

I, ____________________________________, wish to become a member of Shepherdstown Fire Department (SFD.) I understand that I will be contacted for an interview, and that the membership of SFD will make the final decision to accept or reject my application. I understand that I may be asked to undergo a physical examination and/or meet additional requirements deemed necessary by the membership, and agree to do so at my own expense.

I further understand that, if accepted into membership, I may remain in a probationary status for up to one year. During this time I must meet all basic training requirements set forth by the membership and demonstrate professional conduct. In addition to the duties of emergency services, I understand that I will be expected to assist in fund raising activities, attend monthly business meetings, and may be appointed to serve on committees. If I fail to meet these requirements, I may be dismissed from SFD.

With my signature, I certify that all information provided within this application is true to the best of my knowledge, and I agree to meet the requirements of membership outlined above and detailed in the SFD constitution and Operational Guidelines.

By signing below I further acknowledge **and authorize** SFD to make inquiry into my background which may include, but is not limited to, contacting references, verification of education and employment, obtaining and reviewing criminal and civil court records, verification of my social security number, and/or obtaining and reviewing my driving record. I understand that this inquiry may be made prior to my acceptance as a member or at any time during my probationary membership and that adverse information obtained may result in my application being denied or dismissal from SFD.

Signature _______________ Date _______________

Signature of sponsoring member _______________ Signature of sponsoring member _______________

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FOR REVIEW BOARD USE: Date of Interview__________________________

Member _______________ Member _______________ Member _______________