



# Bedington Volunteer Fire Department



775 Bedington Road  
Martinsburg, WV 25404  
304-274-2381 or 304-263-0243 office  
www.bedingtonvfd.com

## APPLICATION FOR MEMBERSHIP Date \_\_\_\_\_

Name (Last, First, M.I.): \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Blood Type \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Business Telephone \_\_\_\_\_

Type of Membership Applied for: Responder \_\_\_\_\_ Secondary \_\_\_\_\_ Support \_\_\_\_\_ Junior \_\_\_\_\_

Have you ever applied for membership in this department prior to this application: Yes / No When \_\_\_\_\_

Current Member Recommendation(s) \_\_\_\_\_

(Signature required) \_\_\_\_\_

Are you presently a member of any fire or rescue department? Yes / No Membership Status \_\_\_\_\_

If yes, give name and address of department:  
\_\_\_\_\_

List names and addresses of previous fire or rescue departments to which you were a member and dates:

Dept Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Dept Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dept Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Dept Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

List all previous training and experience: (CPR, EMT, Firefighting, etc.)

ATTACH copy of certificates

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ATTACH a copy of your driving record for the past five (5) years.

Do you have any physical handicaps, disability, or medical condition that would not allow you to be active in this department as a fire or rescue person ( i.e. Epilepsy, Fainting Spells, Diabetes, Heart or Lung Disease ) Yes / No

Please explain \_\_\_\_\_

Please provide 3 Character References

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

List any previous arrests or convictions \_\_\_\_\_

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**\*\*Attach separate sheet to fully answer any questions\*\***

Willfully withholding information or making false statements on this application shall be grounds for disapproval or termination of membership when discovered. I agree to the statements made by me on this application and hereby certify that all statements are true and complete.

Submission of this application authorizes the Board of Directors or Designee(s), to conduct a background investigation for initial membership and any time during my membership for reasonable cause.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Signature of Applicants parents or Legal Guardian  
If applicant is under 18 yrs of age

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Background Investigation Completed: Yes \_\_\_\_ No \_\_\_\_

Date Membership Committee Interview Conducted \_\_\_\_\_

Membership Committee Recommendation for Membership: Approve Disapprove

Board of Director Action on Application: Approve Disapprove Date \_\_\_\_\_

Membership Action of Application: Approve Disapprove Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Secretary's Signature \_\_\_\_\_



## MEMBERSHIP APPLICATION PROCESS

Submit the completed application, to include training certificates and driving record for past 5 years.

*Incomplete application will not be considered*

Application and attachments will be placed in Membership Application box at either station or emailed to: [membership@bedingtonvfd.com](mailto:membership@bedingtonvfd.com)

Membership Committee will collect and review application for completeness, initiate a background investigation and schedule interview with applicant.

Membership Committee will meet monthly, at the main station, if necessary to conduct scheduled interviews with applicants and conduct any other pertinent business.

After the Membership Committee has completed the background investigation and interview of the applicant, a recommendation will be made to the Board of Directors at the next regularly scheduled BOD meeting, which is normally the Sunday prior to the first Monday of the month, to either accept or reject the applicant.

If a rejection recommendation is made to and accepted by the Board of Directors, the application will not be presented to the membership.

If a favorable recommendation is made and accepted by the Board of Directors, the application will be submitted to the membership for vote, at the next regularly scheduled meeting, to either be accepted as a probationary member or membership will be denied.

The applicant is required to attend the Regular Membership Meeting, which is normally the first Monday of each month, when their application is presented to the membership for a vote. The application will be held for one month if the applicant is not able to attend the Regular Membership Meeting immediately after the application has been presented to the Board of Directors.

If the applicant has an employment schedule conflict that will not permit him/her to attend the Regular Membership Meeting, they will be required to attend the Board of Directors Meeting when their application and Membership Committee recommendation is submitted to the Board.

If an applicant is rejected or the applicant does not attend the required meeting, the applicant must wait six months, from the date of rejection, to submit a new and complete application and complete the entire application process.

If you have any questions, you can contact a committee member via email, through the Bedington Volunteer Fire Department website: [www.bedingtonvfd.com](http://www.bedingtonvfd.com)