

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

# APPLICATION FOR MEMBERSHIP

l.com		
<b>Date</b>		

Name (Last, First, M.I.):	SS	SN:			
Home Address					
City	StateZip code				
Email Address	Date of Birth _	Date of Birth			
Home Phone	Cell Phone	Cell Phone			
Height Weight	Hair Color	Eye Color			
Age Marital Status	Blood Type				
Employer	Supervisor	Supervisor			
Business Address	City	State			
Zip codeBu	Business Telephone				
(Signature required)					
Are you presently a member of any fire or re If yes, give name and address of department	escue department? Yes / No Membership Status t:				
List names and addresses of previous fire or	rescue departments to which you were a member an	d 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	
ATTACH a copy of your driving record for th	e past five (5) years.		
	lity, or medical condition that would	not allow you to be active in this department as a fire or Yes / No	
Please explain			
Please provide 3 Character References			
Name	Address	Phone	
Name	Address	Phone	
Name	Address	Phone	
Willfully withholding information or making		any questions**  shall be grounds for disapproval or termination of cation and hereby certify that all statements are true and	
Submission of this application authorizes the membership and any time during my my membership and any time during my my membership and any my my membership and any my my my membership and any my		o conduct a background investigation for initial	
Signature of Applicant		Applicants parents or Legal Guardian licant is under 18 yrs of age	
	Address		
	Phone		
Background Investigation Completed:  Date Membership Committee Interview Committee Int		Di .	
Membership Committee Recommendation for Board of Director Action on Application:		Disapprove	
Membership Action of Application:			
President's Signature	Secretary's Signatur	re	

# **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Bedington Volunteer Fire Department and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Bedington Volunteer Fire Department, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name:			
First	Middle (full name)	Last	Maiden
Signature:		Date:	
Parent or Guardian Signature (Under 18 years old)			Date

### 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@bedingtinvfd.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