Buckhannon Volunteer Fire Department

Application for Membership

Name	Address
Telephone Number	Driver's License Number
Are you at least 18 years old? Yes	No
Employment for previous three year	ars. Use back and additional pages as necessary.
Residence for previous three years;	use back and additional sheets as necessary.
Do you have any experience as a F	irefighter? Yes No If yes list department(s):
	ng that would benefit you as a Firefighter? Yes No
If yes describe:	
Explain briefly why you want to be	e a Firefighter:
, , ,	duties of a Firefighter, including but not limited to pulling hose into a burning building of life equipment, using an ax, or pry bar, and capable of lifting at least 50 pounds <
Yes No If no, explain	:
Have you ever been convicted of a	crime Yes No If yes explain:
Applicants MUST list two reference	es that reside withing Buckhannon City Limits, include telephone numbers
Name	Telephone Number
Name	Telephone Number
Application MUST be signed by tv	vo Members of the Buckhannon Volunteer Fire Department
Buckhannon Volunteer Fire Depart investigation to determine my suita	to be true and correct to the best of my knowledge. I furthermore authorize the ment to verify the information submitted as correct and also to conduct a background bility to be a Firefighter. I furthermore authorize the Buckhannon Volunteer Fire my Driver's License History with the West Virginia Division of Motor Vehicles.
Applicant Signature	Date
THIS APPLICATION MUST BE NOTARIZED	
	Accepted Rejected
	Investigated Date
SEAL	Interview Date
County Date	Voted on Date