

BANNER ELK VOLUNTEER FIRE RESCUE APPLICATION REQUIREMENTS

ALL of the following items must be submitted with the application in order to be considered for membership:

1. Application completed in full
2. Proof of US citizenship or resident alien status
3. Birth Certificate showing age greater than 18 years of age
4. Proof of valid drivers license
5. Pass character and criminal background checks (will be done by department after application submitted)
6. Provide physicians statement approving activities of a Firefighter
7. Hepatitis B information (see attached forms)
8. Door Code agreement signed
9. If applicable, please provide copy of DD-214

**BANNER ELK VOLUNTEER FIRE RESCUE
APPLICATION FOR MEMBERSHIP**

FULL LEGAL NAME: _____

CURRENT MAILING AND PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOW LONG AT THIS ADDRESS: _____

PREVIOUS ADDRESS IF AT ABOVE LESS THAN ONE YEAR: _____

HOME PHONE: ____/____/____ WORK PHONE: ____/____/____

CELL: ____/____/____ SOCIAL SECURITY NUMBER: ____-____-____

DATE OF BIRTH: ____/____/____

MARITAL STATUS: M D W S NUMBER OF CHILDREN: _____

SPOUSE'S NAME: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

DRIVERS LICENSE EVER SUSPENDED: YES _____ NO _____

IF YES, FOR WHAT REASON: _____

ANY POLICE RECORD: YES _____ NO _____ EVER ARRESTED: YES _____ NO _____

IF YES, FOR WHAT: _____

EVER CHARGED FOR ANY TYPE OF MISDEAMONORS: YES _____ NO _____

EVER CHARGED WITH ANY TRAFFIC OFFENSES OR CITATIONS: YES _____ NO _____

EVER CHARGED WITH A FELONY OFFENSE: YES _____ NO _____

*****EMERGENCY CONTACT INFORMATION*****

NAME: _____ RELATIONSHIP: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: ____/____/____ WORK PHONE: ____/____/____

*****MEDICAL INFORMATION*****

ANY KNOWN ALLERGIES: YES: _____ NO: _____

IF YES, TO WHAT: _____

PLEASE DESCRIBE ANY SIGNIFICANT MEDICAL CONDITIONS YOU HAVE: _____

DATE OF LAST PHYSICAL: _____

*******RELATED CERTIFICATIONS/EDUCATION*******

LIST ANY RELATED FIRE/MEDICAL CERTIFICATIONS/EDUCATIONS YOU MAY HAVE OBTAINING TO THIS APPLICATION:

1. _____ 2. _____
3. _____ 4. _____

ARE YOU AVAILABLE FOR DAY AND NIGHT CALLS:

DAY: _____ NIGHT: _____ BOTH: _____

PLEASE LIST ANY OTHER FIRE/RESCUE DEPARTMENTS YOU ARE CURRENTLY SERVING ON OR HAVE SERVED ON IN THE PAST WITH DATES:

1. _____ DATES: _____
2. _____ DATES: _____

BRIEFLY EXPLAIN WHY YOU WISH TO JOIN BANNER ELK VOLUNTEER FIRE RESCUE DEPARTMENT:

BY SUBMITTING THIS APPLICATION I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE DEPARTMENT AND TO OBEY THE ORDERS OF THE DEPARTMENT OFFICERS WHILE ON DUTY. I FURTHER UNDERSTAND THAT BENEFITS IN THE DEPARTMENT WILL BEGIN AFTER ONE (1) YEAR OF SERVICE.

I UNDERSTAND THAT SHORT TERM RESIDENCE WILL NOT BE CONSIDERED FOR MEMBERSHIP.

SIGNATURE

DATE

SPONSERS SIGNATURE

DATE

Empty rectangular box at the top of the page.

*****FOR DEPARTMENT USE ONLY*****

APPLICANT ACCEPTED: _____ APPLICANT DENIED: _____

REASON FOR DENIAL: _____

BACKGROUND CHECK COMPLETED BY: _____

RESULTS: _____

RADIO NUMBER ASSIGNED: _____

PROBATION TERMS: _____ RELEASE DATE: _____

PRESIDENT, BOARD OF DIRECTORS _____ DATE _____

SECRETARY SIGNATURE _____ DATE _____

I, _____, member of Banner Elk Volunteer Fire Rescue, hereby decline to have the Hepatitis B Vaccine that is offered to me by the department.

I understand the risks involved with choosing to not take the vaccination and hereby take full responsibility should I become infected.

Member Signature

Date

Tyler Burr, Chief

Date

Missy Miller, Secretary

Date

Witness Signature

Date

I, _____, understand that I am responsible for any visitors that might accompany me to the department and must remain with them at all times while at the department. I further understand that it is against the rules and regulations of the department to give the door code to any non-member and if given out I will be subject to disciplinary action.