

*Sperryville Volunteer Fire Department*  
PO Box 233, Sperryville, VA 22740

**APPLICATION FOR MEMBERSHIP**

TYPE OF MEMBERSHIP: ACTIVE \_\_; SUPPORTIVE \_\_; JUNIOR \_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

AGE \_\_ SEX \_\_ DATE OF BIRTH \_\_\_\_\_

(FOR JUNIOR APPLICANTS): GRADE IN SCHOOL \_\_\_\_\_

**PERSONAL REFERENCES:**

(1) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(3) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**EMERGENCY NOTIFICATIONS:**

PERSON TO BE NOTIFIED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OR  
INFRACTIONS OF THE LAW, INCLUDING FELONIES, MISDEMEANORS,  
TRAFFIC VIOLATIONS?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, LIST THE OFFENSE(S), LOCATIONS, AND DATES:**

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**DO YOU HAVE A VALID CURRENT DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_  
ANY RESTRICTIONS ON YOUR LICENSE? \_\_\_\_\_**

**LIST ANY PREVIOUS FIRE/RESCUE OR EMS TRAINING YOU HAVE  
RECEIVED AND THE LOCATIONS AND DATES OF SUCH TRAINING:**

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**GENERAL STATEMENT OF RESPONSIBILITIES**

- (1) ACTIVE MEMBERS ARE RESPONSIBLE TO RESPOND TO  
EMERGENCY CALLS 24 HOURS A DAY, WITH CONSIDERATION  
FOR EMPLOYMENT, ILLNESS, AND PERSONAL RESPONSIBILITIES.**
- (2) ALL MEMBERS ARE RESPONSIBLE TO READ & ADHERE TO THE  
CONSTITUTION & BY-LAWS AND ALL PUBLISHED PROCEDURES,  
REGULATIONS, RULES, NOTICES AND ORDERS.**
- (3) MEMBERS WHO REQUIRE TRAINING OR SKILLS VALIDATION  
WILL BE ENROLLED IN APPLICABLE COURSES AT THE EARLIEST  
OPPORTUNITY.**
- (4) ALL MEMBERS WIL BE REQUIRED TO WORK FUND RAISING  
ACTIVITIES.**

**MEDICAL HISTORY**

**ANSWER "YES" OR "NO" TO THE FOLLOWING; PROVIDE DETAILS BY NUMBER ON "YES" ANSWERS ON SPACES BELOW:**

**HAVE YOU EVER**

- 1. HAD AN OPERATION?.....
- 2. BEEN SERIOUSLY INJURED?.....
- 3. BEEN REFUSED EMPLOYMENT FOR HEALTH REASONS?.....
- 4. GIVEN UP EMPLOYMENT FOR HEALTH REASONS?.....
- 5. SUFFERED ANY FRACTIONS OR DISLOCATIONS?.....
- 6. RECEIVED A PENSION OR DISABILITY?.....
- 7. BEEN REFUSED LIFE INSURANCE?.....
- 8. BEEN MADE ILL BY YOUR EMPLOYMENT?.....
- 9. SUFFERED A BACK INJURY?.....
- 10. SUFFERED SEIZURES OR CONVULSIONS?.....
- 11. SUFFERED A HEAD OR NECK INJURY?.....
- 12. SUFFERED FROM FAINT OR DIZZINESS?.....
- 13. SUFFERED FROM FREQUENT HEADACHES?.....
- 14. SUFFERED FROM RHEUMATIC FEVER?.....
- 15. SUFFERED SWELLING OF THE LEGS OR ANKLES?.....
- 16. SUFFERED FROM ANY PULMONARY PROBLEMS, ASTHMA?.....
- 17. SUFFERED A SPINAL INJURY OR HAD SPINAL SURGERY?.....
- 18. HAD HEPATITIS?.....
- 19. TESTED H.I.V. POSITIVE?.....
- 20. BEEN TREATED FOR MENTAL ILLNESS?.....
- 21. BEEN TREATED FOR ALCOHOL OR SUBSTANCE ABUSE?.....

**DETAILS FOR "YES" ANSWERS ABOVE, BY NUMBER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU TAKE ANY MEDICATIONS? \_\_\_\_\_ IF YES, LIST MEDICATION & REASON** \_\_\_\_\_

**DO YOU HAVE ANY ALLERGIES? \_\_\_\_\_ IF YES, ALLERGIC TO WHAT?** \_\_\_\_\_

**ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? \_\_\_\_\_ IF YES, WHAT IS YOUR CONDITION?** \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

**I UNDERSTAND THAT ALL OF THE PERSONAL AND MEDICAL INFORMATION ON THIS APPLICATION REMAINS STRICTLY CONFIDENTIAL, AND IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION FOR MEMBERSHIP ARE GROUNDS FOR DISMISSAL OF ANY MEMBER OF THE SPERRYVILLE VOL. FIRE DEPT., AND THAT THE FIRE DEPT. HAS THE RIGHT TO REFUSE ADMISSION TO THE FIRE DEPT. FOR REASONS OF HEALTH OR PAST MEDICAL HISTORY.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE & DATE

\_\_\_\_\_  
**FOR JUNIOR MEMBERSHIP APPLICANTS**

**ANY APPLICANT UNDER THE AGE OF 18 YEARS MUST HAVE THE CONSENT OF THE PARENT(S) OR LEGAL GAURDIAN TO BECOME A MEMBER OF THE SPERRYVILLE VOL. FIRE DEPT., AND PARTICIPATE IN DEPARTMENT ACTIVITIES.**

**JUNIOR MEMBERS WHO ATTEND SCHOOL ARE REQUIRED TO FURNISH THE FIRE CHIEF WITH A COPY OF REPORT CARDS WHEN THEY ARE ISSUED BY THE SCHOOL. FAILURE BY THE JUNIOR MEMBER TO DO SO, OR TO MAINTAIN PASSING GRADES IN ALL SUBJECTS MAY RESULT IN ACADEMIC SUSPENSION FROM ALL FIRE DEPT. ACTIVITIES UNTIL THE REPORT CARD IS FURNISHED OR UNTIL DEFICIENT GRADES ARE BROUGHT UP TO A PASSING GRADE.**

**I/WE, \_\_\_\_\_, AUTHORIZE AND CONSENT FOR**  
NAME OF PARENT/GAURDIAN

\_\_\_\_\_, **TO BECOME AN ACTIVE JUNIOR**  
NAME OF JUNIOR APPLICANT

**MEMBER OF THE SPERRYVILLE VOL. FIRE DEPT; TO PARTICIPATE IN DEPARTMENT ACTIVITIES AND BE SUBJECT TO THE APPLICABLE PROVISIONS OF THE COMPANY'S CONSTITUTION & BY-LAWS, AND THE APPLICABLE LAWS OF THE COMMONWEALTH OF VIRGINIA.**

\_\_\_\_\_  
PARENT/GAURDIAN-SIGNATURE & DATE

\_\_\_\_\_  
PARENT/GAURDIAN-SIGNATURE & DATE

**MEMBERSHIP COMMITTEE CHECKLIST AND RECOMMENDATION SHEET**

**CRIMINAL HISTORY BACKGROUND CHECK RECEIVED:** \_\_\_\_\_

**DRIVING RECORD CHECK RECEIVED:** \_\_\_\_\_

**MEDICAL HISTORY INFORMATION SHEET RECEIVED:** \_\_\_\_\_

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**RECOMMENDATION OF MEMBERSHIP COMMITTEE—PROBATIONARY**

**ACCEPT** \_\_\_\_\_ **REJECTED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_  
CHAIRPERSON

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESULTS OF MEMBERSHIP VOTE:**

**ACCEPT** \_\_\_\_\_ **REJECTED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_  
SECRETARY, SVFD

**THE SIX MONTHS PROBATIONARY PERIOD HAS BEEN COMPLETED, AND THE RECRUIT HAS \_\_\_ HAS NOT \_\_\_ COMPLETED ALL THE REQUIREMENTS AND/ OR TRAINING SATISFACTORILY AS OF \_\_\_\_\_ (DATE).**

**DATE FOR ELECTION TO FULL MEMBERSHIP:** \_\_\_\_\_

**DRIVING RECORDS CHECK**

ALL APPLICANTS WHO ARE APPLYING FOR MEMBERSHIP TO THE SPERRYVILLE VOL. FIRE DEPT. MUST PROVIDE A COPY OF THEIR DRIVING RECORDS FROM THE DIVISION OF MOTOR VEHICLES. THIS REPORT MUST NOT BE OLDER THAN 30 DAYS.

APPLICANTS AND MEMBERS WHOSE RECORDS SHOWS ANY OF THE FOLLOWING ACTIONS WILL NOT BE ALLOWED TO PERATE ANY VEHICLE OF THE SPERRYVILLE VOL. FIRE DEPT.

SUSPENSION OR REVOCATION OF LICENSE  
ACCUMULATED 12-17 BAD DRIVING POINTS WITHIN A 12 MONTH PERIOD  
POSSES A RESTRICTED LICENSE AS A RESULT OF DUI CONVICTION

DRIVING RECORDS MAY BE CHECKED ANNUALLY OF APPROVED DRIVERS. IF ANY OF THE AVBOVE IS FOUND, THE DRIVER WILL BE REMOVED FROM THE APPROVED DRIVER'S LISTING AND WILL NOT BE ALLOWED TO OPERATE ANY OF THE VEHICLES OR EQUIPMENT OF THE SPERRYVILLE VOL. FIRE DEPT.

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AS A MEMBER OR APPLICANT OF THE SPERRYVILLE VOL. FIRE DEPT., I UNDERSTAND THAT A COPY OF MY DRIVING RECORDS WILL BE REQUIRED IN ORDER TO MAINTAIN AND/OR BECOME AN APPROVED DRIVER FOR THE SPERRYVILLE VOL. FIRE DEPT.

BY SIGNING BELOW, I HEREBY GIVE MY PERMISSION TO THE SPERRYVILLE VOL. FIRE DEPT. TO ACQUIRE A COPY OF MY DRIVING RECORDS FROM THE DIVISION OF MOTOR VEHICLES.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **CRIMINAL HISTORY RECORDS CHECK**

APPLICANTS WISHING TO JOIN THE SPERRYVILLE VOL. FIRE DEPT ARE SUBJECT TO HAVING THEIR CRIMINAL HISTORY RECORDS CHECKED AS A CONDITION OF MEMBERSHIP. ARREST RECORDS MAY NOT BE USED TO DISQUALIFY AN APPLICANT FROM MEMBERSHIP, HOWEVER, CRIMINAL CONVICTION RECORDS WILL BE USED TO HELP DETERMINE THE APPLICANT'S SUITABILITY FOR MEMBERSHIP.

APPLICATIONS FOR MEMBERSHIP MUST INCLUDE A STATEMENT THAT APPLICANTS WILL BE SUBJECT TO HAVING A THOROUGH BACKGROUND INVESTIGATION PRIOR TO MEMBERSHIP.

A CONVICTION OF CRIMINAL OFFENSE DOES NOT NECESSARILY PROHIBIT AN APPLICANT FROM MEMBERSHIP WITH THE SPERRYVILLE VOL. FIRE DEPT. THE BOARD OF DIRECTORS OR APPOINTED OFFICIAL AS DESIGNATED BY THE PRESIDENT, WILL EVALUATE AN APPLICANT'S SUITABILITY FOR MEMBERSHIP, THE RECENCY OF THE CONVICTION AS WELL AS THE RELATIONSHIP BETWEEN THE CONVICTION AND THE TYPE OF MEMBERSHIP IN WHICH THE APPLICANT HAS APPLIED MUST BE CONSIDERED.

THERE ARE A NUMBER OF OFFENSES, WHICH ARE SO SERIOUS IN NATURE THAT APPLICANTS WHO ARE CONVICTED OF THESE OFFENSES SHOULD NOT BE CONSIDERED WITHOUT FURTHER SCRUTINY. THESE INCLUDE:

CRIMINAL HOMICIDE  
KIDNAPPING  
RAPE, CHILD MOLESTATION, AND RELATED FELONY SEXUAL OFFENSES  
FELONY POSSESSION, DISTRIBUTION OR MANUFACTURING OF DRUGS  
ARMED ROBBERY  
GRAND LARSONY OR BURGLARY

**PLEASE BRING CRIMINAL HISTORY RECORD TO INTERVIEW!!**

## **SEXUAL HARRASSMENT**

IT IS THE OBJECTIVE OF THE SPERRYVILLE VOL. FIRE DEPT. TO PROVIDE AN ENVIRONMENT FREE FROM INTIMIDATION OR COERSION IN ANY FORM. SEXUAL HARRASSEMENT AS DEFINED BELOW, IS A FORM OF DISCRIMINATION AND IS PROHIBITED.

AS DEFINED BY THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, SEXUAL HARRASSMENT INCLUDES SEXUAL ADVANCES, REQUESTS FOR SEXUAL FAVORS, AND OTHER VERBAL OR PHYSICAL CONDUCT OF SEXUAL NATURE WHEN:

SUBMISSION OF SUCH CONDUCT IS MADE EXPLICITLY OR IMPLICITLY AS A TERM OR CONDITION OF AN INDIVIDUAL'S MEMBERSHIP.

SUBMISSION TO OR REJECTION OF SUCH CONDUCT BY AN INDIVIDUAL IS USED AS A BASIS FOR DECISIONS AFFECTING THAT INDIVIDUAL; AND/OR

SUCH CONDUCT HAS THE PURPOSE OF EFFECT OF UNREASONABLY INTERFERING WITH AN INDIVIDUAL'S PERFORMANCE OR CREATING AN INTIMIDATING, HOSTILE, OR OFFENSIVE ENVIROMENT.

ANY MEMBER WHO ENGAGES OR ENCOURAGES CONDUCT DETERMINED TO BE SEXUAL HARRASSMENT, SHALL BE SUBJECT TO CORRECTIVE ACTION, WHICH MAY INCLUDE DISCHARGE.

### **REPORTING PROCEDURES:**

APPLICANT'S AND MEMBERS OF THE SPERRYVILLE VOL. FIRE. DEPT. ARE ENCOURAGED TO REPORT INCIDENTS INVOLVING ALLEGED SEXUAL HARRASSMENT TO THE CHIEF OR PRESIDENT OR DESIGNATED APPOINTEE, EXCEPT IN THE INSTANCE THAT THE ALLEGED HARRASSER IS THE ABOVE NAME PARTY. IN THIS INSTANCE ONLY, IN INCIDENT SHOULD BE REPORTED TO ANOTHER LINE OFFICER OR BOARD OF DIRECTOR MEMBER.

APPLICANTS AND MEMBERS MAY ALSO FILE A COMPLAINT WITH THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION.

### **MANAGEMENT RESPONSIBILITIES:**

AN INVESTIGATION OF THE ALLEGATIONS OF SEXUAL HARRASSMENT IS REQUIRED WITHIN TEN DAYS OF THE DATE THE INCIDENT WAS REPORTED. UPON THE COMPLETION OF THE INVESTIGATION, IMMEDIATE AND APPROPRIATE CORRECTION ACTION SHOULD BE TAKEN. THE CORRECTIVE ACTION PROCESS SHOULD BE COMPLETED WITHIN FIVE DAYS AFTER THE COMPLETION OF THE INVESTIGATION.

OFFICERS (LINE AND ADMINISTRATIVE) WHO ALLOW THE SEXUAL HARRASSMENT TO CONTINUE OR FAIL TO TAKE APPROPRIATE CORRECTIVE ACTION UPON BECOMING AWARE OF THE BEHAVIOR, MAY BE CONSIDERED A PARTY TO THE OFFENSE, EVEN THOUGH THEY MAY NOT HAVE DIRECTLY ENGAGED IN THE HARRASSMENT.

FAILURE OF THE CHIEF OR PRESIDENT OR DESIGNATED APPOINTEE, TO RESPOND APPROPRIATELY TO THE ALLEGATIONS OF SEXUAL HARRASSMENT WILL BE SUBJECT TO CORRECTIVE ACTION, INCLUDING IMPEACHMENT OR DISCHARGE.