



**Goodson-Kinderhook Volunteer Fire Department  
Application for Membership**

**GENERAL INFORMATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ - WORK OR OTHER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ ARE YOU OVER THE AGE OF 18?  YES  NO  
RACE: \_\_\_\_\_ SEX: M F ARE YOU A U.S. CITIZEN:  YES  NO  
LAST GRADE LEVEL OF SCHOOL COMPLETED: \_\_\_\_\_ DID YOU GRADUATE?   
NAME OF HIGH SCHOOL ATTENDED: \_\_\_\_\_  
ADDRESS OF SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ANY POST HIGH SCHOOL EDUCATION?  YES  NO  
IF SO NAME OF INSTITUTION ATTENDED: \_\_\_\_\_  
ADDRESS OF INSTITUTION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
EMPLOYER'S PHONE #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
WHAT SHIFT DO YOU NORMALLY WORK? \_\_\_\_\_  
IN CASE OF AN EMERGENCY NOTIFY: \_\_\_\_\_  
ADDRESS OF EMERGENCY CONTACT: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ WORK # OR OTHER: \_\_\_\_\_

**SPECIFIC INFORMATION**

WHY ARE YOU INTERESTED IN APPLYING FOR MEMBERSHIP AT GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT?  
\_\_\_\_\_

WHO, IF ANYONE REFERRED YOU TO GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT?  
\_\_\_\_\_

HAVE YOU EVER APPLIED FOR MEMBERSHIP TO ANY OTHER VOLUNTEER ORGANIZATION?  YES  NO IF YES WHEN AND WITH WHAT ORGANIZATION: \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION TO ANSWER ALARMS?

DAYTIME:  YES  NO NIGHTTIME:  YES  NO

PLEASE LIST ANY CERTIFICATIONS OR TRAINING YOU HAVE RELATED TO FIREFIGHTING OR E.M.S. ON NEXT PAGE.

FIREFIGHTING:

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY MEDICAL SERVICES:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE MAKE AVAILABLE ALL COPIES OF ANY RELATED CERTIFICATIONS AND PRESENT THEM TO THE APPLICATION COMMITTEE.

DO YOU HAVE ANY PHYSICAL DEFFECTS?  YES  NO

IF YES PLEASE LIST SPECIFIC INFORMATION: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS?  YES  NO

IF YES PLEASE LIST SPECIFIC INFORMATION: \_\_\_\_\_

ARE YOU ALLERGIC TO ANYTHING?  YES  NO

IF YES PLEASE LIST SPECIFIC INFORMATION: \_\_\_\_\_

PLEASE FURNISH THREE CHARACTER REFERENCES AND ADDRESSES. THESE EXCLUDE ANY MEMBERS OF GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT AND IMMEDIATE FAMILY.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

### **DRIVING AND CRIMINAL INFORMATION**

DO YOU HAVE A VALID COMMONWEALTH OF VIRGINIA DRIVING PERMIT?  YES  NO

NAME OF AUTOMOBILE INSURANCE PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

HAVE YOU HAD ANY MAJOR TRAFFIC VIOLATIONS DURING THE PAST FIVE YEARS?  YES  NO

IF SO PLEASE EXPLAINE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENCE?  YES  NO

IF SO PLEASE EXPLAIN: \_\_\_\_\_

YOU WILL BE REQUIRED TO PROVIDE A COPY OF YOUR DRIVING RECORD TO THE APPLICATION COMMITTEE. THIS MUST BE PROVIDED OR NO ACTION WILL BE TAKEN ON THIS APPLICATION. THIS INFORMATION MUST BE PRESENTED TO THE APPLICATION COMMITTEE NO LATER THAN 7:00 PM OF THE NIGHT OF THE REGULAR BUSINESS MEETING THAT THIS APPLICATION WILL BE ACTED UPON.

**REQUIREMENT INFORMATION**

DO YOU UNDERSTAND THE DUTIES YOU WILL HAVE TO PULL EACH MONTH?  YES  NO

DO YOU UNDERSTAND THAT YOU WILL BE REQUIRED TO PARTICIPATE IN TRAINING FOR FIREFIGHTING AND EMERGENCY MEDICAL SERVICE PROVIDED BY THE COMMONWEALTH OF VIRGINIA, DEPARTMENT OF FIRE PROGRAMS, AND HEALTH DEPARTMENT?  YES  NO

DO YOU UNDERSTAND THAT ADDITIONAL TRAINING MAY BE REQUIRED BY THE COMMONWEALTH OF VIRGINIA, THE COUNTY OF WASHINGTON, OR THE GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT?  YES  NO

DO YOU UNDERSTAND THAT YOU WILL BE EXPECTED TO ATTEND ALL BUSINESS MEETINGS, IN HOUSE FIRE DRILLS, AND IN HOUSE E.M.S. TRAINING IF NOT PROPERLY EXCUSED BY THE CHIEF OR THE ASSISTANT CHIEF AND THE E.M.S. CAPTAIN OR SERGEANT IF IT IS RELATED TO E.M.S.?  YES  NO

I HAVE DISCUSSED AND DO AGREE TO PERFORM ALL DUTIES REQUIRED OF MYSELF TO THE BEST OF MY ABILITY, AS OUTLINED IN THE CONSTITUTION AND BY-LAWS OF THE GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT. I ALSO UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN THE LOSS OF MEMBERSHIP AND DISMISSAL.

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT AND TRUE. I ALSO UNDERSTAND THAT IF ANY

INFORMATION PROVIDED IS PROVEN TO BE INTENTIONALLY FALSE WILL  
RESULT IN THE REJECTION OF THIS APPLICATION OR DISMISSAL FROM  
THE GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT.

SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_

GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT IS A NON-  
DISCRIMINATORY ORGANIZATION.

**RELEASE OF INFORMATION AUTHORIZATION**

I \_\_\_\_\_ HAVE APPLIED FOR MEMBERSHIP WITH THE GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT. I UNDERSTAND THAT MY BACKGROUND IS SUBJECT TO INVESTIGATION. I UNDERSTAND THAT THIS INVESTIGATION MAY REQUEST INFORMATION THAT MAY BE CONFIDENTIAL OR PRIVATE, INCLUDING RECORDS HELD BY PREVIOUS EMPLOYERS, SCHOOLS, PERSONAL REFERENCES, AND LAW ENFORCEMENT AGENCIES. I UNDERSTAND AND AGREE THAT I WILL BE REQUIRED TO PAY FOR ANY SUCH FEE USED TO OBTAIN ANY OF MY BACKGROUND INFORMATION DURING ANY SUCH INVESTIGATION AND THAT ANY SUCH FEE WILL BE NON-REFUNDABLE.

I HEREBY CONSENT TO THIS INVESTIGATION AND AUTHORIZE THE GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT APPLICATION COMMITTEE TO OBTAIN ANY INFORMATION NECESSARY AND FURTHER RELEASE THE GOODSON-KINDERHOOK VOLUNTEER FIRE DEPARTMENT FROM ANY AND ALL LIABILITY RESULTING FROM ANY ADVERSE INFORMATION DISCOVERED, AND FULLY UNDERSTAND THAT ANY SUCH INFORMATION WILL RESULT IN REJECTION OF THIS APPLICATION, AND/OR DISMISSAL FROM THE DEPARTMENT.

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SIGNATURE

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DATE