

APPLICATION FOR MEMBERSHIP

# Arlington Volunteer Fire Department, Inc.

Company 1

500 South Glebe Road, Arlington, Virginia

NAME:		AGE:	DATE OF BIRTH:
ADDRESS:		HOME PHONE:	SOCIAL SECURITY NUMBER:
EMPLOYED BY:	HOW LONG:	WORK PHONE:	WORK HOURS:
WORK ADDRESS:		HEIGHT:	WEIGHT:
TYPE OF WORK:		HAIR COLOR:	EYE COLOR:

**FIREFIGHTING AND RESCUE EXPERIENCE - If none check here: [ ]**

NAME OF ORGANIZATION	ADDRESS & PHONE NO OF ORGANIZATION	DATES OF MEMBERSHIP		TRAINING RECEIVED
		FROM	TO	

**IMPORTANT**

BY LAW YOU ARE NOT REQUIRED TO FILL OUT THE NEXT PORTION OF THIS APPLICATION. HOWEVER, FAILURE TO COMPLETE THIS SECTION OF THE APPLICATION WILL RESULT IN NO ACTION ON THIS APPLICATION BY THIS DEPARTMENT. FALSE STATEMENTS WILL RESULT IN REJECTION.

HAVE YOU EVER RECEIVED A SUMMONS, BEEN ARRESTED OR BEEN CONVICTED FOR A TRAFFIC VIOLATION? [ ] YES [ ] NO

IF YES EXPLAIN:

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATION? [ ] YES [ ] NO

IF YES GIVE DETAILS AND OUTCOME:

**CHARACTER REFERENCES:** You must list two persons, over twenty (20) years of age, who have known you for at least two years. Members of your family cannot be used as references.

NAME:	ADDRESS:	PHONE NUMBER:
NAME:	ADDRESS:	PHONE NUMBER:

**This application must be accompanied by a check or cash in the amount of \$ 25.00. This amount will cover your first year's dues.**

**FOR COMPANY USE ONLY - DO NOT WRITE BELOW THIS LINE.**

PROPOSED BY MEMBERS:	[1]	[2]	
MEMBERSHIP COMMITTEE RECOMMEND [ ] REJECT [ ]	DATE VOTED FOR 6 MO PROBATION OR REJECTED	DATE VOTED PERMANENT MEMBER	DATE OF APPLICATION