

Mine Run Volunteer Fire Company, Inc.  
31077 OLD PLANK ROAD  
MINE RUN, VIRGINIA 22508



ORGANIZED 1946

*Application for Membership*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Complexion: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Sex: M/F Hair Color: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Do You Have Reliable Transportation: Yes/No

Physical Condition: \_\_\_\_\_

List any Physical Conditions, Mental Defects, or Handicaps which may prevent you from performing any activities required in detail:

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

List any special medical treatment in case of illness or emergency in detail:

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

List any Special Medications, if any, you are taking in detail:

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In case of Emergency Notify: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Nearest Relative not living with you: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

List any and all Volunteer Organizations you are or have been a member of and dates:

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Have you ever applied to or been a member of this organization? Yes/No

If so when? \_\_\_\_\_

List any special qualifications, certifications, classes, etc. that you have for this type of work? Please provide certification and expiration dates (Include copies of certificates or a copy of your training transcript from VA Department of Fire and/or EMS Programs).

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Are you currently enrolled or participating in any type of fire service or emergency medical services training classes?

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Have you ever been cited, arrested or convicted of any civil or criminal offense including traffic violations? Yes/No If yes, please explain in detail.

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When will you be available to respond to emergency calls?

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Please provide three references other than relatives or employers who have known you for at least five years.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicants must include a DMV Drivers History report for the last 12 months as part of this application.**

**I hereby certify that the above information is true and correct to the best of my knowledge. I further understand that any false information given can result in disciplinary action or dismissal from the Mine Run Volunteer Fire Company, Inc.**

**All new members of the Mine Run Volunteer Fire Company, Inc. will serve in a probationary period for the first 12 months. Probationary members must meet all participation and point requirements as outlined in the Company By-Laws unless previously excused from a particular event by the Fire Chief or Company President. New members must also become certified Firefighter 1 within two (2) years of accepted membership. All members are expected to respond to emergency calls, business meetings, training and other Company functions on a regular basis and to maintain any issued equipment. Applicants will be furnished a copy of the Company By-Laws, which it is your responsibility to read and comply with. New members will also be assigned a mentor who will assist you with your indoctrination into the Fire Company as well as equipment issue, training and questions. Applicants are required to meet with the Membership Committee prior to being voted upon by the Membership of the Mine Run Volunteer Fire Company, Inc.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Note) Only for applicants under the age of 18. If under the age of 18 your Parent or Legal Guardian must read, verify, and approve this application to the Mine Run Volunteer Fire Company before you will be considered for membership.)**

Signature or Parent or Legal Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

(Membership Committee Use Only)

Initial Interview/Meeting:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Following Completion of Probation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_