

BEVERLY VOLUNTEER FIRE DEPARTMENT
P.O. BOX 135 BEVERLY, WV 26253
APPLICATION FOR JUNIOR FIREFIGHTER MEMBERSHIP

FIRE DEPT USE.

DATE: _____ DATE ACCEPTED IN: _____

NAME: _____ SOCIAL SECURITY NO. _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE NUMBER: HOME: _____ CELL: _____

SEX: M F WHAT SCHOOL DO YOU ATTEND AND GRADE: _____

DO YOU OWN A CAR/TRUCK: _____ DO YOU HAVE A DRIVERS LICENSE: _____
(IF YES) WHAT STATE: _____ IF SO, WHAT STATE

YES NO HAVE YOU EVER HAD A SPEEDING TICKET? _____
YES NO HAVE YOU EVER HAD A DUI? _____
YES NO HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED? _____
YES NO DO YOU USE ALCOHOL? IF YES: ___ LIGHT: ___ MODERATE: ___ HEAVY: ___
YES NO DO YOU USE ANY ILLEGAL DRUGS? YES: ___ LIGHT: ___ MODERATE: ___ HEAVY: ___

DO YOU HAVE ANY PHYSICAL DEFECTS OR HANDICAPS _____ IS SO EXPLAIN: _____

DO YOU HAVE ANY PREVIOUS FIRE OR RESCUE EXPERIENCE OR TRAINING: _____

IF YES EXPLAINE: _____

WILL YOU BE ABLE TO ANSWER CALLS BETWEEN **6 PM TO 6AM.** _____

PLEASE LIST FOUR REFERENCES WITH THEIR PHONE NUMBERS.

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

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

DATE: _____

APPLICATION SIGNATURE

PARENT SIGNATURE