

*“Proudly We Serve”*



Blowing Rock Fire Dept  
P.O. Box 570  
189 Park Avenue  
Blowing Rock, NC 28605

Phone 828-295-5221  
Fax 828-295-4172

## Application for Volunteer Membership

\_\_\_\_\_  
Date of Application

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

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ 18 years of age or older Yes No

Valid N.C. Driver's License Number: \_\_\_\_\_ (*attach copy of license*)

Circle times you will be available for fire calls: Day Evening Night Weekend

### Education:

Circle Highest Grade Completed in School: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 GED

Other Specialized Training Courses or Classes: (*attach copy of fire related certifications*) \_\_\_\_\_

\_\_\_\_\_

### Experience:

Have you ever been a member of a fire department? Yes No

If yes give Department name, Address and reason you left. \_\_\_\_\_

\_\_\_\_\_

List special qualifications and skills you possess which may be beneficial to the fire department.  
Example, CPR, truck driver, etc.

\_\_\_\_\_

\_\_\_\_\_

**Employment:**

Are you employed now? Yes, Where \_\_\_\_\_ No

May we contact your present employer regarding your character and verification of employment?

Yes, Employers phone number \_\_\_\_\_ No

**Former Employers-** List below your last three employers, starting with the last one first.

| Date Beginning and Ending | Name and Address of Employer | Reason for leaving |
|---------------------------|------------------------------|--------------------|
| 1 _____                   | _____                        | _____              |
| 2 _____                   | _____                        | _____              |
| 3 _____                   | _____                        | _____              |

**References** – List below four persons not related to you, whom you have known at least two years.

| Name    | Address | Phone Number |
|---------|---------|--------------|
| 1 _____ | _____   | _____        |
| 2 _____ | _____   | _____        |
| 3 _____ | _____   | _____        |
| 4 _____ | _____   | _____        |

**Additional Information**

Have you been convicted of a felony within the last 7 years? Yes No (*Conviction will not necessarily disqualify an applicant for membership*) If yes, please explain.

Offense Charged \_\_\_\_\_ Date \_\_\_\_\_ Disposition \_\_\_\_\_

Offense Charged \_\_\_\_\_ Date \_\_\_\_\_ Disposition \_\_\_\_\_

In the space provided, explain why you would like to become a member of the Blowing Rock Fire Department.

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

I certify that the facts contained in this application are true and complete to the best of my knowledge. I certify that I am 18 years of age or older on the date application is submitted.

I understand that false or misleading information given in my application may result in dismissal. I understand that my membership is contingent upon satisfactory medical examinations and drug test.

I understand that by signing this form that I am authorizing the Fire Department to complete a thorough and comprehensive background check on me.

I understand that upon acceptance I am on a period of probation and am required to meet training/meetings and other requirements set forth by the Blowing Rock Fire Department by-laws.

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