



Application for **ACTIVE SUPPORT HONORARY** Membership
 (Circle one of the above choices)



NEW MARTINSVILLE VOLUNTEER FIRE DEPARTMENT
 400 Ohio Street
 New Martinsville, WV 26155

CONFIDENTIAL INFORMATION

Date of Application: _____

NAME: _____ HOME PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Height: _____ Weight: _____ Male / Female

Hair Color: _____ Eye Color: _____ DOB: _____

Driver's License #: _____ Social Security #: _____ - _____ - _____

e-mail address: _____ @ . _____

EMT Certification Number _____

EDUCATION:

	NAME OF SCHOOL	YRS. COMPLETED	DIPLOMA/DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER			

Please list any special skills: (EMT, SCUBA DIVER, COMPUTER, ETC.)

List all Clubs, Organizations in which you are member:

Is your physical capacity for service as an active membership limited in anyway? YES/NO

If yes explain: _____

HAVE YOU BEEN CONVICTED OF EITHER A FELONY OR MISDEMEANOR IN THE PAST 5 YEARS? YES / NO

If yes explain:

CAN YOU DRIVE AN AUTOMOBILE? YES NO

CAN YOU SWIM? YES NO

LIST FOUR (4) REFERENCES (DO NOT USE RELATIVES):

NAME	ADDRESS	PHONE

I HEREBY DECLARE THE INFORMATION PROVIDED BY ME IN THIS APPLICATION AS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ACCEPTED FOR MEMBERSHIP. ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

I AUTHORIZE THE NEW MARTINSVILLE FIRE DEPARTMENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT CONTAINING INFORMATION OBTAINED THROUGH A NATIONAL CRIME INFORMATION CHECK (NCIC) PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND ACQUAINTANCES.

I HEREBY AUTHORIZE THE NEW MARTINSVILLE FIRE DEPARTMENT BOARD OF REVIEW, TO RELEASE TO THE MEMBERS OF THE NEW MARTINSVILLE VOLUNTEER FIRE DEPARTMENT, ANY INFORMATION OBTAINED DURING THE INTERVIEWING PROCESS, WHICH IS RELATED TO ANY CRIMINAL AND/OR TRAFFIC RECORDS WITHOUT ANY PREJUDICE OR LIABILITY ON THE NEW MARTINSVILLE FIRE VOLUNTEER FIRE DEPARTMENT.

Signature: _____ Date: _____

Witness: _____