

VOLUNTEER MEMBERSHIP APPLICATION
CITY OF LEWISBURG VOLUNTEER FIRE DEPARTMENT



Submit Application to:
City of Lewisburg Volunteer Fire Department
Membership Committee
200 West Foster Street
Lewisburg, WV 24901

Membership Contact (304) 645-3237
E-mail contact: l_company20@yahoo.com

Applicant's Name: _____

Phone Number: _____

Date application was received by LVFD _____ / _____ / _____

Date applicant was interviewed by Membership Committee _____ / _____ / _____

Date applicant was presented and approved by City Council _____ / _____ / _____

Date applicant was presented to General Membership,
APPROVED / NOT APPROVED for probationary membership _____ / _____ / _____

Applicant probationary period begins _____ / _____ / _____ and ends _____ / _____ / _____

Date applicant was presented to General Membership,
APPROVED / NOT APPROVED for full membership _____ / _____ / _____

Application Process

Please read and complete this application. All applications must be filled out completely for consideration. No applications will be considered until all information is complete and requirements are met.

All Applications must include:

- A current copy of your Driving Record from the West Virginia DMV
- A photocopy of your Driver's License
- All applicants must have a photo attached to their application
- All applicants who have their EMT License and/or Fire Training Certifications must submit and have attached copies for reciprocity consideration.
- Background Fingerprint check must be completed by Law Enforcement
- Applicants under the age of 18 must submit a completed Guardian Permission Form

Applications must be submitted to the Membership Committee for consideration, you will be contacted by the Membership Committee for scheduling an entrance exam and interview. Please be prepared to discuss your application, your intent for membership, and your goals for the department and your reasons for wanting to invest time and effort into Membership at Lewisburg Volunteer Fire Department.

If your entrance exam and interview are viewed favorably, you will be asked to attend a Lewisburg City Council Meeting. Council meetings are held on the third (3rd) Tuesday of each month at 1930 hour at Lewisburg City Hall, 942 Washington St., West, Lewisburg, WV. The Membership Committee will endorse and recommend your application to the City of Lewisburg Council for approval prior to confirmation of probationary membership in the nonprofit, non-stock corporation, The Lewisburg Volunteer Fire Company, Inc., as provided by The City of Lewisburg Codified Ordinance Article 133.01 Establishment, Equipment and Membership.

Upon approval by the City of Lewisburg Council you will be asked to attend a Lewisburg Fire Company, Inc. Business Meeting. LVFC, Inc. meetings are held on the first (1st) Thursday of each Month at 1900 hour at LVFD Station No. 2, 3389 Jefferson St., North, Lewisburg, WV. The Membership Committee will endorse and recommend your application for confirmation to Probationary Membership by the membership.

If confirmed, your Probationary Membership will begin immediately. The length of probation is for a period of one (1) year, on the one (1) year anniversary of your probationary membership period a vote of confirmation for Full Membership will be made. To begin your probationary membership, you must complete an entry level physical, which can only be scheduled after you have been accepted for probationary membership. You will be instructed to contact one of the Assistant Chief's to schedule a date for your physical. You will not be allowed to participate in any physical activity at the station until you have completed and passed this portion of the application process.

Information for Prospective Applicants

Membership at the City of Lewisburg Volunteer Fire is a valuable, rewarding experience. In addition to the tremendous satisfaction from helping members of your community in times of crisis, and the spirit of teamwork that develops from facing complex and dangerous challenges, the Fire Department can provide tangible benefits for members including:

- Worker's Compensation and other Injury/Death Benefit Programs
- Free Training – Members of the department are encouraged to take advantage of the many training opportunities available at no cost. Courses in firefighting, emergency medical services, water rescue, technical rescue and emergency services management are available. Most of these courses can lead to National Certification.

Types of Membership

Please be advised that the City of Lewisburg Volunteer Fire Department requires that all members complete a minimum of 8 hours of stand-by time a month at the station regardless of your membership type listed below.

The City of Lewisburg Volunteer Fire Department welcomes applications for membership. There are several categories of membership available to persons interested in service for our community.

- **Volunteer Firefighter Membership**
Fire members are trained to respond to all types of emergencies and are eligible to ride all types of emergency apparatus operated by the department for medical assist emergencies and fire/rescue related emergencies.
- **Volunteer Junior Fire Membership**
Membership is for 16 – 18 year olds who are interested in today's fire service. They are eligible for all training, but cannot participate in any "emergency" incident.
- **Volunteer Technical Services Membership**
Technical Services members are trained to respond to emergency incidents that require technical mitigation of complex situations (i.e. swift water rescue, dive recovery operations, high angle rope rescue, hazardous materials incidents).
- **Volunteer Administrative Membership**
Administrative members are eligible for training to aid in the management of fund raising, grant writing, public information (i.e. twitter, face-book, web page and other social media), assist in fire prevention programs and activities throughout the community.

Application for Membership

City of Lewisburg Volunteer Fire Department

200 West Foster Street
PO Drawer 151
Lewisburg, WV 24901
304-645-3237

Membership category desired:

_____ Volunteer Firefighter

_____ Junior Volunteer Firefighter

_____ Volunteer Technical Services

_____ Volunteer Administrative

PERSONAL DATA

Name (Last, First, Middle):				Date of Birth:	
Address (Number and Street):					
City:		State:	Zip:		E-Mail Address:
Home Phone:		Work Phone:		Cell Phone:	Social Security Number:
Years Residency in Area:		U. S. Citizen (Y / N):			Driver License # and Issuing State:
Name of Employer or School:				Occupation:	
Work or School Address (Number and Street):					
City:		State:		Zip:	
Emergency Contact:		Relationship:			Phone:
Membership Committee Notes:					

EDUCATION

Highest grade completed:		Years of College or Trade School:	Highest Degree or Certificate Earned:		
List all schools attended starting with High School					
School Name	Address	Major Field of Study	Degree or Diploma Earned	Dates Attended From To	

FIRE, RESCUE OR EMS EXPERIENCE

Have you been a member of another Fire/Rescue Department? (Y/N)		If yes, name of department:
What were your Reasons for leaving?		
Please list all fire and ems experience in the space below, and include dates of service. List all fire and EMS related courses you have attended and the date you completed each course. Include copies of all licenses and certifications with this application.		

MILITARY SERVICE (If Applicable)

Branch of Service:		Years of Service:	Dates of Service:
Current Rank or Rank at Discharge:			Type of Discharge (If Applicable):

EMPLOYMENT HISTORY

Please list your last four jobs starting with your current or most recent

Current or Most Recent Employer:		Dates of Employment (MM/YY) From: / To: /		Fulltime or Part-time:
Address (Number and Street):				
City:	State:	Zip:	Phone #:	
Supervisor's Name:		Reason for Leaving (If Applicable):		
Job Title and Duties:				

Current or Most Recent Employer:		Dates of Employment (MM/YY) From: / To: /		Fulltime or Part-time:
Address (Number and Street):				
City:	State:	Zip:	Phone #:	
Supervisor's Name:		Reason for Leaving (If Applicable):		
Job Title and Duties:				

Current or Most Recent Employer:		Dates of Employment (MM/YY) From: / To: /		Fulltime or Part-time:
Address (Number and Street):				
City:	State:	Zip:	Phone #:	
Supervisor's Name:		Reason for Leaving (If Applicable):		
Job Title and Duties:				

Current or Most Recent Employer:		Dates of Employment (MM/YY) From: / To: /		Fulltime or Part-time:
Address (Number and Street):				
City:	State:	Zip:	Phone #:	
Supervisor's Name:		Reason for Leaving (If Applicable):		
Job Title and Duties:				

REFERENCES

Please list at least three character references not related to you

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

Name:		Relationship:	Occupation:
Address (Number and Street):			
City:	State:	Zip:	Phone #:

MEMBERSHIP AGREEMENT

All applicants must read and sign at the bottom

I have read and fully understand the application information package for the City of Lewisburg Volunteer Fire Department. I understand that volunteering can be a rewarding experience, but there are certain weekly and monthly obligations I must meet in order to remain in good standing with the department. I agree to fulfill any commitment that I may make to the department as a member. If I fail to meet these obligations, I realize that my membership may be subject to disciplinary action, including suspension or termination, by the Fire Chief or the Board of Directors of the Lewisburg Volunteer Fire Company, Inc.

I promise that while performing my duties, I will act responsibly and maturely. I will wear my uniform in a professional manner befitting a public safety officer. I will do my best to protect and serve the members of my community and I will support the department to the best of my ability. I will always remember that safety is a priority while performing my duties in this department.

I understand that should I be voted into membership, I will be a probationary, non-voting member in this department for one (1) year. I further understand that the probationary period ends only after successful completion of all probationary requirements and an affirmative vote of the General membership. I promise to attend a minimum of three quarters (3/4) of all monthly meetings of the General membership during my probation. If I cannot attend any membership meeting or other required activities, I shall submit a written notice to the Secretary of the Board of Directors of the Lewisburg Volunteer Fire Company, Inc. at least 24 hours in advance.

I promise to notify in writing the Membership Committee if and when I terminate my membership or request a leave of absence. I further agree to return all items issued to me by the City of Lewisburg Volunteer Fire Department upon termination of my membership.

In addition to the promises herein, I agree to abide by and adhere to all By-Laws, Rules and Regulations and Standard Operating Guides of the City of Lewisburg Volunteer Fire Department and the Lewisburg Volunteer Fire Company, Inc.

By my signature, I certify that my information in this application is true and correct to the best of my ability. By signing, I also understand that any information provided in the above application that is false, misleading or erroneous may lead to the City of Lewisburg Volunteer Fire Department and/or Lewisburg Volunteer Fire Company, Inc. rejecting your application or your dismissal from the organizations. I also give consent to LVFD and LVFC, Inc. to contact the references listed and to conduct a background/investigation/criminal record check of myself.

Signature

Date

Printed Name

Please return this application to the Membership Department either by mail, or in person by leaving it with one of the on-duty members at Station No. 1, 200 West Foster Street, Lewisburg, WV. You will be contacted in two weeks to discuss the status of your application. If you do not hear from us or wish to inquire about the status of your application, please call (304) 645-3237 or e-mail l_company20@yahoo.com

GUARDIAN PERMISSION FORM

To be completed by all applicants under the age of 18 years old

I, _____, hereby consent to the participation of my
(Printed Parent/Guardian Name)

son/daughter, _____, in the fire and rescue service. I further
(Printed Applicant Name)

realize that he/she shall be performing limited duties of a volunteer firefighter member, including but not limited to:

- Participating in training of firefighting and rescue procedures
- Training in the use and carrying of heavy tools and appliances
- Training in the use of a breathing apparatus
- Training in the maintenance and use of fire hose
- Training in the performance of salvage and overhaul

I understand that some of these duties may occur on school nights, I further understand that my son/daughter must maintain a minimum of a C average in school and that a copy of his/her report card must be submitted to the office of the Fire Chief every 9 weeks.

Additionally, I understand that while on duty with the City of Lewisburg Volunteer Fire Department my son/daughter shall be covered under the City of Lewisburg Volunteer Fire Department's Worker's Compensation insurance.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Please return this permission form with your application to the Membership Department either by mail, or in person by leaving it with one of the on-duty members at Station No. 1, 200 West Foster Street, Lewisburg, WV.