

Elkton Volunteer Fire Company, Inc.



**14171 Spotswood Trail-Headquarters
153 Terrace Ave-Downtown Station
20871 Blue & Gold Drive- Station 30
Elkton, Virginia 22827
540-405-0006**

Dear Applicant:

Thank you for your interest in joining the Elkton Vol. Fire Company. EVFC is a volunteer organization that is dedicated to providing the best fire protection, technical rescue, and emergency medical services to the residents of the Town of Elkton and the surrounding area. Our dedicated volunteers respond to over 1,000 emergencies annually. By filling out this application you are taking the first step towards becoming one of these remarkable individuals.

Membership in the organization requires commitment and dedication. Members are expected to give freely of their time to answer emergency calls. Training required to fulfill this commitment will be provided by the Fire Company. We ask that new members enroll in the basic Firefighter 1 course or an Emergency Medicine Technician course within one year after joining. In addition, we require members to work several fundraisers throughout the year including.

After completing your application for membership it will be presented to the Board of Directors at their monthly meeting. At this time you will be brought before the Board to ask any questions you may have and hear a brief explanation of what is expected of our members. The Board will then review your application and vote on whether to extend probationary membership to you. After six months of probationary membership your application is voted on by the active membership for full instatement as an active member.

If you have any questions about your application or our organization please feel free to stop by the fire station or call us. Thank you again for your interest in joining.

Sincerely,

A handwritten signature in black ink that reads "Michael Smith".

Michael Smith
EVFC Secretary



Elkton Volunteer Fire Company

Application For Active Membership

Membership Categories

Active Membership
Runs all emergency calls
Eligible to hold Operational and Administrative offices
Have voting rights at business meetings (after probationary period)
Required to work fund raisers
Junior Membership (16-18 Years Old)
Runs all emergency calls
Have voting rights at business meetings (after probationary period)
Required to work fund raisers
Parent/Guardian permission required
Associate Membership
Does not run emergency calls
Can attend business meetings but do not have voting rights
Works fundraisers as available

Please complete all sections of this application. The first two pages are used by the Board of Directors for evaluation of your application. The last two pages are confidential and will be securely kept on file in case of an emergency.

Application Timeline

Step 1: Complete application and return to EVFC

Step 2: Board of Directors review application and votes on it

Step 3: If accepted, you will be placed on a six month probationary period

Step 4: After six months your application is voted on by the active membership for full membership.



Elkton Volunteer Fire Company

Application For Membership

Applicant's Full Name: _____ D.O.B.: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employment: _____

Email Address: _____

Desired Membership: _____ Active _____ Junior _____ Associate

Do You Have Or Can You Obtain A Virginia Motor Vehicle Operators License?

Already Have _____ Can Obtain _____ Can't Obtain _____

Have You Ever Been Convicted Of A Criminal Offense? Yes _____ No _____

If Yes Please Explain: _____

Education Information:

	Name of Institution	Years Completed	Did You Graduate
High School			
College			
Other			

Have You Been An Active Or Associate Member Of Another Fire Department Or Rescue

Squad? Yes _____ No _____

Name Of Organization(s): _____

What Hours Would You Be Available For Company Functions: _____

What Certificates Or Certifications Do You Hold: _____



Elkton Volunteer Fire Company

Application For Membership

List The Names And Addresses Of Three (3) People Not Related To You Who Know Your Qualifications And Character.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name Of Nearest Relatives To Notify In Case Of Emergency.

_____	Phone Number: _____
_____	Alternate Number: _____
_____	Phone Number: _____
_____	Alternate Number: _____

By Signing Below You State That You Realize That This Organization Is Not A Social Club And That As A Member You Will Be Requested To Give Freely Of Your Time To Attend Emergency Incidents, Fund Raising Events, And Company Functions.

It Is The Policy Of The Elkton Volunteer Fire Company Inc. To Provide Equal Opportunity For Membership Based On Merit And Fitness And Without Discrimination Because Of Race, Religion, Sex, And/Or Nation Origin. Further, It Is Hereby Understood And Agreed To By The Applicant By Signing Below That Permission Is Hereby Granted To The Elkton Volunteer Fire Company Inc. To Make Inquiries Into The Applicants Motor Vehicle License And/Or Police File(s) For The Expressed Propose Of Processing This Application.

Applicants Signature: _____ Date: _____

Company Representative: _____ Date: _____

Company Representative: _____ Date: _____



Elkton Volunteer Fire Company Application For Membership

For EVFC Use Only

Board of Directors Action Taken

Approved _____ Approved With Conditions _____

Conditions: _____

Date Of Vote By Membership _____

Rejected _____ Reason(s): _____

Board Members Present: _____



Elkton Volunteer Fire Company Health Record

Name: _____

Date: _____

Preexisting Health Conditions:

_____ Hypertension

_____ Diabetes (Sugar)

_____ Diabetes (Insulin)

_____ Asthma

_____ Other: _____

_____ Other: _____

_____ Panic Attacks Date of Last Attack: _____

Are You Allergic To Any Of The Following:

_____ Latex

_____ Bee Stings

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____



Elkton Volunteer Fire Company Immunization & Communicable Disease Records

This information is confidential and only made available to the Fire Chief and EMS Committee in case of exposure to a communicable disease.

Name: _____

Date: _____

Vaccination	Immunization Date
Hepatitis B Series	
Hepatitis B Titer Test Result _____	
Measles, Mumps, Rubella (MMR)	
Measles, Mumps, Rubella (MMR) Booster	
TB Skin Testing	
TB Skin Test Result: _____	
Chickenpox	
Tetanus/Diphtheria	

Communicable Disease	Date of Illness
Measles (Rubeola)	
Measles (Rubella)	
Mumps	
Chickenpox	
Hepatitis Type(s): A ____ B ____ C ____	
Tuberculosis Type _____	
HIV	
Meningitis Type _____	
Malaria Type _____	