***Courtney Volunteer Fire Department Inc. ***

2604 Courtney Huntsville Rd

Yadkinville NC 27055

Phone 336-463-5551 Fax 336-463-4856

Email station19@yadtel.net

**Courtney Volunteer Fire Department**

**Junior Application Form**

**Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_**

**Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years residence in Yadkin / Davie County:\_\_\_\_\_\_\_ County of residence before:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade in School: \_\_\_\_\_\_\_\_\_\_\_\_ School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Three References {Not Related or Current CVFD Members}:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fire Department Members You Know:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explain why you would like to become a Junior Firefighter at CVFD:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I SOLEMNLY SWEAR TO ABIDE BY ALL RULES AND BY-LAWS OF THE COURTNEY VOLUNTEER FIRE DEPARTMENT, INC. AND THAT I WILL ATTEND ALL MEETINGS WHENEVER POSSIBLE, AND CONDUCT MYSELF IN SUCH A MANNER AS TO SHOW A GOOD REFLECTION ON THE DEPARTMENT FOR WHICH I REPRESENT. I ALSO UNDERSTAND THAT I WILL RECEIVE NO PAY FROM THE COURTNEY VOLUNTEER FIRE DEPARTMENT INC., AND THAT MY SERVICES ARE VOLUNTARY. I PROMISE TO RETURN ANY AND ALL EQUIPMENT ISSUED TO ME BY THE DEPARTMENT AT THE TERMINATION OF MY MEMBERSHIP, OR WHEN I RESIGN.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO HEREBY AUTHORIZE ANY, DOCTORS, INSURANCE COMPANIES, EDUCATION INSTITUTIONS, AND INDIVIDUALS TO FURNISH THE MEMBERSHIP COMMITTEE OF COURTNEY VOLUNTEER FIRE DEPARTMENT INC. WITH ANY OR ALL AVAILABLE INFORMATION REGARDING MY BACKGROUND IN ORDER THAT THE MEMBERSHIP COMMITTEE MAY DETERMINE MY SUITABILITY FOR PUBLIC SERVICE.

I UNDERSTAND THAT MY GRADES AND SCHOOL IS VERY IMPORTANT, ANYTIME WHILE I AM A JR. FIREFIGHTER THAT MY GRADES FALL BELOW A “C” I WILL BE SUSPENDED FROM THE JR. FIREFIGHTER PROGRAM UNTIL I CAN PROVE THAT MY GRADES HAVE IMPROVED.

I ALSO PERMIT THE MEMBERSHIP COMMITTEE OR THEIR DESIGNEE TO CONDUCT A POLICE AND COURT RECORDS INVESTIGATION OF MY BACKGROUND.

I CERTIFY THAT I HAVE ANSWERED ALL THE ABOVE QUESTIONS FULLY AND TO THE BEST OF MY ABILITY. I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF THE ABOVE INFORMATION SHALL BE REASON FOR REJECTION OF THE APPLICANT OR FOR DISMISSAL FROM THE DEPARTMENT IF ALREADY A MEMBER.

I UNDERSTAND THAT IF ACCEPTED AS A JR. MEMBER OF THE DEPARTMENT, THAT I WILL BE A PROBATIONARY MEMBER FOR THE FIRST SIX (6) MONTHS.

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

Parent Name Parent Signature

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

Signature of Applicant

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

Date Signed

Application received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved for 6 month Probation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_