



Bakerton Fire Department, Inc.  
 891 Carter Avenue  
 Harpers Ferry, WV 25425

Telephone 304.876.0007  
 Fax 304.876.0282

## Application for Membership

### General Information

Junior       Full       Associate       \_\_\_\_\_

Name: \_\_\_\_\_ SSN: Last 4 digits \_\_\_\_\_ DOB: \_\_\_\_\_  
Last                                  First                                  Middle

Address: \_\_\_\_\_  
Street    City                                  State                                  Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Education:

Circle Highest Grade Completed      Did you graduate?  Yes       No      HS Equivalency Diploma  
 1 2 3 4 5 6 7 8 9 10 11 12      Date: \_\_\_\_\_      Date Awarded: \_\_\_\_\_

Last High School Attended: \_\_\_\_\_      State Awarded: \_\_\_\_\_

College Trade Schools Attended City & State	Major / Field	Number of Credits	Degree Awarded	Dates Awarded
Other Training Name and Location of School (City & States)		Type of Training		Length (hrs/wks)

### Employment

List present employer. If unemployed, list last employer.

Employer: \_\_\_\_\_ Time on Job: \_\_\_\_\_

Address: \_\_\_\_\_  
Street    City                                  State                                  Zip Code

Occupation / Duties: \_\_\_\_\_

\_\_\_\_\_

**Health:**

Date of Last Physical Examination: \_\_\_\_\_

Do you have any disabilities that would prevent you from performing any firefighting or EMS related duties?

No  Yes If yes, please explain: \_\_\_\_\_

**Affiliations:** List any current / or past fire department or rescue squad affiliations.

Department Name	Location	Calls / Month	Paid / Volunteer	Membership Dates

List any other related memberships / affiliations: \_\_\_\_\_

**Training and Certifications:**

Course Title	Location	Instructor	Date of Completion
CPR			
Standard First Aid			
Firefighter I			
Firefighter II			
HazMat Basic Concepts			
EMT / Paramedic			
Auto Extrication			

Attach pages if necessary to list additional training.

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class / Endorsements: \_\_\_\_\_  
Please supply a copy of your driving record with this application

**Character:** List the names of two (2) persons not related to you as character references

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

Have you ever been convicted of a criminal offense, felony or misdemeanor?

Yes  No If yes, list the date and place: \_\_\_\_\_

Have you ever been subject to disciplinary action in another organization?

Yes  No If yes, list the date and place: \_\_\_\_\_

Any other information, special skills, or training not listed elsewhere on this application you would like to have considered?

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

I, \_\_\_\_\_, wish to become a Junior / Full / Associate member of the Bakerton Fire Department (BFD). I understand that I will be contacted for an interview, and that the membership of the BFD will make the final decision to accept or reject my application. I understand that I may be asked to undergo a physical examination and /or meet additional requirements deemed necessary by the membership and agree to do so at my own expense.

I further understand that, if accepted into membership, that I may remain in a probationary status for a period of up to one year. During this time, I must meet all basic training requirements set forth by the membership. In addition to the duties of emergency services, I understand that I will be expected to assist with fundraising activities. I will be expected to attend monthly business meetings and may be appointed to serve on committees. If I fail to meet these requirements, I may be dismissed from BFD.

With my signature, I certify that all information provided within this application is true to the best of my knowledge and I agree to meet the requirements of the membership outlined above and detailed in the membership handbook.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Sponsoring Member

\_\_\_\_\_  
Signature of Sponsoring Member

**For Review Board Use:**

Date of Interview: \_\_\_\_\_

Review Board Members: \_\_\_\_\_

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

