



ROUND HILL COMMUNITY FIRE & RESCUE CO., INC.
769 ROUND HILL RD WINCHESTER, VA 22602
(540) 667-6855

MEMBERSHIP APPLICATION PROCEDURE

1. Applicants to the Round Hill Community Fire & Rescue Co. Inc. must meet the following qualifications as of the date of submission:
 - Must be at least 16 years of age
 - Be a U.S. Citizen
 - Cannot be a member of another station within 50 miles

2. All applicants must submit the following documentation through U.S. Mail. **NO HAND-DELIVERED APPLICATIONS WILL BE ACCEPTED.**
 - Completed Membership Application
 - Driving Record
 - Authorization/Signature Form
 - Copy of training records (if applicable)
 - Copy of most recent report card or GED (High School Students)

MAIL PACKET TO: MEMBERSHIP COMMITTEE
ROUND HILL COMMUNITY FIRE/RESCUE COMPANY, INC.
P.O. BOX 1368
WINCHESTER, VA 22604

3. Applications must be received at a minimum of seven days prior to the interview. Interviews will be conducted the second Thursday of each month at 6 p.m. (Applicants under the age of 18 years must have their Parents or Guardian present for the interview to take place).
4. The applicant will be excused after the first interview/picture.
5. Applicants will not be present for the first reading of the application at the membership meeting. However, the applicant will need to be present for the second reading of the application at the following month's membership meeting at 8 pm at which time, the applicant will leave the room and the application will be discussed by the membership and voted upon.
6. All candidates will be subject to a second interview, pending the findings of the background investigation. During the application/interview process, the fire department reserves the right to contact the applicant for further information.
7. The membership will be given the opportunity to ask the applicant questions prior to discussion of application and approval.



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AUTHORIZATION & SIGNATURE FORM

- I authorize Round Hill Fire and Rescue Co., Inc. to request transcript or other report of any record pertaining to me from any law enforcement agency.
- I authorize Round Hill Fire and Rescue Co., Inc. to investigate any and all statements in my application and to contact previous employers and references. I understand that false, misleading and/or substantive omission information may be sufficient cause for termination of consideration or for dismissal, if already a member. If accepted as a member of Round Hill Fire and Rescue Co., Inc., I agree to abide by all Company By-Laws, Standard Operating Procedures, rules and regulations while I am a member of Round Hill Fire and Rescue Co., Inc.
- I understand that in order to be considered for membership, I must submit the following information at my own expense:
A COMPLETE AND CERTIFIED COPY OF MY DRIVING RECORD
TO BE OBTAINED FROM THE VIRGINIA DEPARTMENT OF
MOTOR VEHICLES
- I further understand that my application will NOT be considered without the above information.
- I understand if I am accepted for membership by the Round Hill Fire and Rescue Co., Inc., the company shall require verification of identity.

Signature: _____

Print Name: _____

Date: _____

*For Applicants under 18 years:

Parent/Guardian Signature: _____



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Please type or print in black ink	Social Security Number - -	Date: / /
Name-Last:	First:	Middle:
Present Address-Street:		Phone: (H): Cell:
City:	State:	Zip Code:
*If you have lived at above address less than 3 years, please list previous Address-Street:	City:	State & Zip Code:
Are you a United States Citizen? ___yes ___no	Date of Birth: / /	Age: _____
Drivers License Number:	State/Expiration:	Type/Class:

Type of Membership Desired: ___Operational ___Administrative

List any traffic offenses you may have had, other than a parking citation, in the past (5) years?

Has your driver's license ever been suspended or revoked? ___yes ___no

If yes to either, please list charge(s) why, date(s) and State where suspension or revocation occurred.

(Note: Failure to disclose may be cause for rejection of application or termination of membership)

Have you ever been charged with or convicted of a felony? ___yes ___no

Have you ever been charged with or convicted of Class 1 or 2 Misdemeanor? ___yes ___no

If yes to any of the above questions, please list: Charge(s), Date(s), and State where charge(s) occurred.

List location of and how long on Probation if applicable: _____

Are you a registered sex offender? ___yes ___no.

If yes, what is state of offense and are you currently registered? _____

(Note: Failure to disclose may be cause for rejection of application or termination of membership)

Employment (Begin with current or last employment)

Company Name: _____ May We Contact? ___yes ___no
Address-Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Date Started: _____ Date Ended: _____ Positions Held: __ Present or Last Supervisor: _____
Telephone Number _____

Company Name: _____ May We Contact? ___yes ___no
Address-Street: _____ Telephone Number _____
City: _____ State: _____ Zip Code: _____
Date Started: _____ Date Ended: _____ Positions Held: _____
Present or Last Supervisor: _____ Telephone Number _____

Company Name: _____ May We Contact? ___yes ___no
Address-Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Date Started: _____ Date Ended: _____ Positions Held: __ Present or Last Supervisor: _____
Telephone Number _____

Education

Dates

Graduated?

Degree:

College: _____ From: _____ to: _____ ___Yes ___No Type: _____
Address: _____

High School: _____ From: _____ to: _____ ___Yes ___No Highest Grade: _____
Address: _____

Other: Education and/or Training (please list): _____

Military Service

___Yes ___No Branch/ Rank: _____/_____ From: _____ To: _____
Discharge Date: ___/___/___ Type of Discharge: _____
Specialized Training and/or Assignments: _____

Volunteer Emergency Service:

Company Name: _____ Dates: From: _____ To: _____
Highest Office achieved: _____ Year achieved: _____
Reason For Leaving: _____ May we contact ___yes ___no
Address: _____ Telephone Number: _____
Training and/or Virginia State School completed courses and dates: _____

References (Do not include relatives or employers)

Must have known the applicant for a minimum of 2 years

Name: _____ Years Known: _____

Street Address: _____

City/ State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Cell) _____

Name: _____ Years Known: _____

Street Address: _____

City/ State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Cell) _____

Name: _____ Years Known: _____

Street Address: _____

City/ State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Cell) _____

Please attach a list of any professional and community memberships, honors, offices held, extracurricular activities, hobbies and interests. Please omit those which indicate race, religion or national origin.



Official Use Only

Date Application Submitted _____

Applicant reviewed by Membership Committee Approved _____ Disapproved _____

Applicant reviewed by Membership Chairperson _____ Date _____

Date Application Voted on _____ Member Present
Yes No

Date Elected _____ or Rejected _____

6 Month Probation Date _____

Criminal background Check Completed on _____

Initials: _____



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The following certificate must be executed if applicant is under eighteen (18) years of age in the presence of the Membership Committee at time of first interview.

We, the undersigned parents or guardian of _____
Name of Applicant

hereby give our full and unreserved consent to his/her application for membership with Round Hill Community Fire and Rescue Company, Inc. We further agree, that if he/she is accepted, we will hold Round Hill Community Fire and Rescue Company, Inc. harmless for any injuries or claims, other than those covered by compensation that we may have against the Round Hill Community Fire and Rescue Company, Inc.

Signed _____
(Parent/ Guardian)

Signed _____
(Parent/ Guardian)

Executed this _____ day of _____, of _____

Membership committee witness _____

Accepted by Department _____
Date Department Secretary