

Tyler Mountain Volunteer Fire Department, Inc.



5380 Big Tyler Road P.O. Box 7537 Cross Lanes, WV 25356

Emergency Dial 911

Business Phone (304) 776-7963 FAX (304) 776-7861 E-Mail info@tmvfd.com Web Site www. tmvfd.com

APPLICATION

(PRINT CLEARLY USE X WHERE APPLICABLE, SUPPORT MEMBER OR RESIDENT BOARD MEMBER ONLY FILL OUT YELLOW HIGHLIGHTED SECTIONS)

APPLYING FOR: FIREF	FIGHTERRAPID RESPO	NDERJUNIOR (age 1	16 & 17)
SUPI	PORT MEMBERRESIDE	NT BOARD MEMBER	
PERSONAL INFORMATION:			
NAME: LAST	FIRST	MIDDLE	
ADDRESS: STREET			
СІТУ	STATE	ZIP	
PHONE NUMBER: HOME	CELL		
E-MAIL:	DATE OF BII	RTH / / AGE _	
SOCIAL SEC.#//	DRIVER'S LIC. #	STATE	
EXPIRES / /	DRIVERS LICENSE CLASS	_	
DO YOU HAVE ANY ACCOMMO	DATIONS? YES NO IF	F YES PLEASE EXPLAIN:	
IN CASE OF AN EMERGENCY P	LEASE NOTIFY:		
NAME:	RELATIO	ONSHIP TO YOU:	
PHONE NUMBER: HOME	CELL		
ADDRESS: STREET			
OLTS/	OTATE	710	

ACKNOWLEDGEMENT:

Please submit with this application:

Copy of your current valid driver's license.

ANY previous training certificates as a firefighter, first aid/CPR, emt, paramedic.

I, the undersigned, acknowledge that all statements on this application are true and correct to the best of my knowledge. I further agree, that should I be accepted as a member of this department, I shall comply with all the standard operating procedures, rules, regulations and by-laws of the department.

I, understand further that I will be on probation until I am approved for regular status by the officers and Board of Directors of this department. While on probation I will be subject to the same disciplines as other members of this department. I understand that probation maybe revoked and that I may be removed from this Department at any time during this probationary period.

I, understand that the Tyler Mountain Volunteer Fire Department shall do a background check on me and I hereby give my permission to do so. I understand that when signing digitally, by

Applicant Signed:	Date:	

and typing my name below I certify I am the above named applicant.

JUNIOR:

Drint Names

PHONE NUMBER

checking this box

I hereby certify that I am a Parent or Legal Guardian of the above applicant and have read and understand the standard operating procedures, rules, regulations, and by-laws of the department. I hereby permit my child to participate as a Junior of the Tyler Mountain Volunteer Fire Department and the applicant have a background check performed. I consent to signing electronically.

Parents or Legal Guardian (if under 18 years old)

Fillit Name:	Signed:	
Date:	Relationship to Applicant:	
EMPLOYER:		
NAME OF BUSINESS:	ADDRESS:	

Sidnod.

REFERENCES: (PLEASE LIST THREE, ONE REFERENCE A RELATIVE, AND TWO NON-RELATIVES)

1.) NAME:	RELATIONSHIP TO YOU:	
PHONE NUMBER: HOME	CELL	
2.) NAME:	RELATIONSHIP TO YOU:	
PHONE NUMBER: HOME	CELL	
3.) NAME:	RELATIONSHIP TO YOU:	
PHONE NUMBER: HOME	CELL	
REFERRED OR RECOMMENDED BY:		
NAME:	RELATIONSHIP TO YOU:	
PROBATIONARY FIREFIGHTER: APPROVED: REJECTED: DATE: PROBATIONARY RAPID RESPONDER: APPROVED: REJECTED: DATE: PROBATIONARY JUNIOR: APPROVED: REJECTED: DATE: PROBATIONARY SUPPORT MEMBER: APPROVED: REJECTED: DATE: FIREFIGHTER: APPROVED: REJECTED: DATE:		
JUNIOR: APPROVED: REJECTED:		
SUPPORT MEMBER: APPROVED: RE		
SIGNED:	, FIRE CHIEF PRINT NAME:	
DEASON EOD DEIECTION.		

Updated: 2021-6-17