Covington Volunteer Fire Department

Covington, Virginia 24426 (540) 965-6392

APPLICATION FOR MEMBERSHIP

APPLICATION FOR ACTIVE MEMBERSHIP IN THE COVINGTON FIRE DEPARTMENT MAY BE APPLIED FOR BY ANY PERSON EIGHTEEN (18) YEARS OF AGE OR OLDER AND LIVING WITHIN THE BOUNDARIES AND BEING THEIR PRIMARY PLACE OF RESIDENCE.

MEMBERSHIP BOUNDARIES ARE AS FOLLOWS:

NORTH - Includes Intervale, Clearwater Park, Clearview Estates, River Edge Retreat and Dunbrack Road. The maximum limit is Deep Ford Bridge.

<u>EAST</u> - To Island Ford Bridge, Valley Ridge maximum limit is to Alleghany Memorial Park. On Route 676 (Dolly Ann Drive) which includes Valley Brook Subdivision. Maximum limit is to top of the mountain.

SOUTH - Includes Cherokee, Indian Valley. Maximum limit is bridge at Walton's Farm.

WEST - Humpback Bridge is in the gray area. Maximum limit is Exit 10 on I-64.
REVISED SEPTEMBER 25, 2001

I hereby respectfully apply for admission into the Covington Fire Department and promise that if elected I will abide by the Laws, Rules, and Regulations of the Department.

NAME:

(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ SS No#_____

AGE: _____ HEIGHT: ____ WEIGHT:____

MARITAL STATUS: MARRIED [] DIVORCED [] SINGLE []

TELEPHONE No#: HOME	WORK
Do you possess a valid Virginia License? YES N	Driving Operators
Do you have any MENTAL or PHYSI conditions, or defects that couperforming as a firefighter? Y	ald prevent you from
If Yes, please explain;	
Have you ever been charged or contine, (including motor vehicle Yes No	violations)?
If Yes, please explain;	
Has your operators license ever	been <u>suspended</u> or
If Yes, please explain;	
Have you ever been a member of Department or Company in or out Virginia? Yes N	side of the State of
If Yes, Name and address of org	anization;

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PLEASE SUBMIT, WITH THIS APPLICATION, A TRANSCRIPT OF YOUR DRIVING RECORD. THIS TRANSCRIPT CAN BE OBTAINED AT THE VIRGINIA DEPARTMENT OF MOTOR VEHICLES OFFICE. (TRANSCRIPT FEE WAIVER ATTACHED TO THIS APPLICATION).

I hereby certify and affirm that <u>all</u> information on this application is true and correct. <u>NOTE</u> (Any False Statement, False Information, or Misrepresentation Will Be Grounds For Rejection Of This Application).

APPLICANT:
(SIGNATURE)
WITNESS TO THIS APPLICATION: (CFD MEMBER ONLY)
(CID MEMBER ONLI)
DATE WITNESS:
COMMITTEE MEMBERS ON THIS APPLICATION:
PERMISSION TO INVESTIGATE
You, the investigating committee, are hereby
authorized to make any investigation of my criminal
record through any police angency. You may also investigate my personal history and educational
record through any investigative agencies and
educational institutions as deemed necessary by the
investigating committee.
APPLICANT:
DATE:

THIS IS TO CERTIFY THAT	was
duly elected to a one (1) year Probationary	09
Membership in the Covington Volunteer Fire	
Department at a meeting held on,20	
and that he is entitled to have the Oath Of Off	ice
administered. During the probationary period and	d
upon completion, he shall be subject to Article	
III, Section 8 of the Constitution and By-Laws.	
SECRETARY:	

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OATH OF FIREFIGHTER

i, that i will support the co constitution of virginia, o the city of richmond on one, and that I will faith all the duties incumbent covington, county of alleg abilityso help me goo	rdained by the the 12th. day f fully and impa upon me as a ghany, virginia,	he united states a convention which of june, nineteen artially discharge firefighter in the	h assembled in hundred and and perform city of
subscribed and sworn to	me this	day of	
			2X 2

TO: Division Of Motor Vehicle Officials,

This notice is confirming that _______ is applying for membership to the Covington Volunteer Fire Department and is required to obtain a copy of their Virginia Vehicle Driver's Transcript to be put on file with the application. It's my understanding if Chief of Department confirms if individual applying, the monetary fee will be waived.

Yours In Firefighting, Wes Walker

Covington Fire Chief