Callao Volunteer Fire Department, Inc. 314 Northumberland Highway ♦ PO Box 39 ♦ Callao, Virginia 22435

APPLICATION FOR MEMBERSHIP

Membership Type: (please Senior	select one) *Junior	*	*Cadet	*
Name:				
First	Middle Initial	I	ast	
Address:				
	Stree	žt		
	City, State, 2	Zip Code		
Phone Number(s): Hon	ne:			
Wor	rk:		Account of the Control of the Contro	
Mob	ile:			
Gender: Male:	Female:	***		
Date of Birth:				
Social Security #:				
Do you have a Driver's Lice	ense?	Yes	No	
If yes, complete the fo	0	****		No. digital control of the control o
License/Custome				
Date Iss				
Expiration D Have you been convicted of			-	
Yes If yes, list the vio	Nolation and the date of	conviction:		
Employer Information:				***************************************
		Name of Pe	erson or Company	
Address:		Ct		
		Street		
	City	, State, Zip Code		-
Phone Number:	9			
Fire, Rescue, or EMS experi	ience:	Yes	No	
-	ence, training, and/or			
If you are a <i>student</i> , please l	list current school/coll	ege and the a	address:	
Distance from the fire statio	n:			-
	Candin	DI		

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Applicant Signature:	Date:
	Date:
Parent's Signature:	Date:
Parent's Address:	
(if different)	
Contact Phone #:	
Recommendations: (must obtain two senior mo	ember signatures)
	on organization)
Signature 1	Signature 2
	Signature 2
PRINT Name	PRINT Name
perations. All Cadet members are strictly not a unior and Cadet members are required to provide	ing of apparatus or any interior structural emergency illowed to participate in any emergency incidents. de a copy of school progress reports/report cards, to requirements will be set forth by the Fire Chief and

Denied:

Approved: