



CONTENTNEA VOLUNTEER FIRE DEPARTMENT

NEW MEMBER APPLICATION

Wilson County, North Carolina | contentneavfd@gmail.com
Serving neighbors. Protecting our community. Building the future.

OFFICE USE
Date Received: _____

Applicant #: _____

Thank you for your interest in serving with Contentnea Volunteer Fire Department. No prior fire service experience is required. All training and equipment are provided. Regular department training is held Monday evenings at 7:00 PM.

1. APPLICANT INFORMATION

Full Legal Name: _____	Preferred Name: _____
Street Address: _____	City / State / ZIP: _____
Primary Phone: _____	Email: _____
Date of Birth: _____	Age: _____ ☐ 18 or older ☐ Under 18
Driver License State: _____ License #: _____	Expiration: _____ ☐ Valid

2. MEMBERSHIP INTEREST

Membership type requested (check all that apply):
☐ Interior Firefighter ☐ Exterior / Support ☐ Junior Member ☐ Administrative Support
Why do you want to join Contentnea VFD?

3. AVAILABILITY & PARTICIPATION

Typical availability:	☐ Days ☐ Evenings ☐ Nights ☐ Weekends ☐ Varies
Monday 7:00 PM training:	☐ Regularly available ☐ Sometimes ☐ Rarely
Employment / school schedule:	_____
Approx. distance from station:	_____ miles / _____ minutes

4. EMERGENCY CONTACT

Name: _____	Relationship: _____
Primary Phone: _____	Alternate Phone: _____

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5. FIRE, RESCUE, EMS & PUBLIC SAFETY EXPERIENCE

Organization / Department	Position / Rank	Dates	Reason for Leaving

6. TRAINING & CERTIFICATIONS

Certification / Course	Level / Number	Issue Date	Expiration (if any)
NC Firefighter / Firefighter II			
Emergency Medical / CPR			
Driver / Operator / EVOC			
Technical Rescue / HazMat / Other			
Other: _____			

7. SKILLS THAT MAY BENEFIT THE DEPARTMENT

☐ Commercial Driver License ☐ Mechanical / Apparatus Repair ☐ Construction / Trades ☐ Medical ☐ IT / Communications ☐ Public Education ☐ Photography / Media ☐ Administration ☐ Other: _____

8. PERSONAL REFERENCES Do not list immediate family members.

Name	Relationship	Phone	Years Known

9. ELIGIBILITY & DEPARTMENT EXPECTATIONS

☐ I understand that membership involves responding to emergency incidents, training, station activities, and other department functions as assigned or applicable to my membership classification.

☐ I am willing to follow Contentnea VFD policies, SOGs, chain of command, safety rules, training requirements, and standards of conduct.

☐ I understand that driving department vehicles or operating apparatus requires separate authorization and qualification.

☐ I understand that the department may verify information provided on this application and may require separate written authorization for background or driving-record checks, as applicable.

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10. ADDITIONAL INFORMATION

Is there anything else you would like the membership committee to know?

11. APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee membership. I authorize Contentnea Volunteer Fire Department to verify the information I have provided, including contacting listed references and prior public-safety organizations. I understand that additional written authorizations may be required for certain checks. If accepted, I agree to comply with department policies, training requirements, safety practices, and standards of conduct.

Applicant Signature: _____

Date: _____

Printed Name: _____

12. PARENT / GUARDIAN CONSENT Complete only if applicant is under age 18.

Parent / Guardian Name: _____

Relationship: _____

Signature: _____

Date: _____

Primary Phone: _____

Email: _____

13. DEPARTMENT USE ONLY

Application reviewed by:	_____ Date: _____
Applicant interview:	☐ Completed ☐ Not required Date: _____
Reference checks:	☐ Complete ☐ Pending ☐ Not required
Background / driving checks:	☐ Complete ☐ Pending ☐ Not applicable
Membership decision:	☐ Approved ☐ Deferred ☐ Not approved
Approved classification:	☐ Interior ☐ Exterior / Support ☐ Junior ☐ Administrative
Effective / probation date:	_____ Accountability #: _____
Orientation:	☐ Complete Date: _____ Officer: _____
PPE / equipment issued:	☐ Complete ☐ Pending Notes: _____

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