

Scottsville Volunteer Fire Department
P.O. Box 381
Scottsville, Va. 24590

Application For Membership

Name: _____

Address: _____

Phone #: _____

Date of Birth ____/____/____ Age: _____

Social Security No. ____-____-____ Length of residency in area ____

Valid Drivers License Y____ N____ Any Driving Endorsements Y____ N____

Training/Qualifications for Firefighter: _____

Medical/Physical Conditions that would render performance as firefighter: _____

Please Circle One: Full Membership Associate Membership

REFERENCES: No Relatives! (Ex: Employer past or present, Pastor, Friend Etc)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to abide by the bylaws and standard operating procedures of the Scottsville Volunteer Fire Department if elected a member. I also authorize the Scottsville Vol. Fire Department to do a background investigation on me.

Signature _____ **Date** ____/____/____

Membership Committee Use Only:

Membership Approval:	Date Received ____/____/____
Approved for Membership: Yes ____ No ____	Date ____/____/____
Membership Committee Approval: Yes ____ No ____	
First Vote: Date: ____/____/____ Yes ____ No ____	
90 Day Vote for Full Membership: Date ____/____/____	Yes ____ No ____

Release Form for Media Recording



I, the undersigned, do hereby consent and agree that Scottsville Volunteer Fire Department, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning when my application is accepted to use these in any and all media, now or hereafter known, and exclusively for the purpose of the Departments Website & Social Networking Accounts. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Scottsville Volunteer Fire Department, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the Scottsville Volunteer Fire Department is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____