

# Mineral Springs Vol. Fire & Rescue Inc.

1338 Old Hollow Road ▪ Winston-Salem, NC 27105 ▪ PH (336) 767-0411 ▪ Fax (336) 767-0418

WWW.MSVFR18.com

(Check One)

FIRE \_\_\_\_ LADIES AUX \_\_\_\_ Part Time \_\_\_\_

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or PO Box*

*Apartment Number*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver License Number: \_\_\_\_\_

*City*

*State*

*Zip*

Telephone: \_\_\_\_\_

*Home*

*Cell*

*Email*

## PERSONAL INFORMATION

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ High School Graduate or GED: \_\_\_\_\_ Yes / No

Length of Time at Current Residence: \_\_\_\_\_

What Hours Would You Be Available for Service: \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_ Both \_\_\_\_\_

Do You Own an Automobile: Yes / No Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag Number # \_\_\_\_\_

Have You Been Convicted of Any Traffic Violations in the Past Three Years: Yes / No \_\_\_\_\_

Have You Ever Been Convicted of a Crime: Yes / No \_\_\_\_\_

If Yes to Either, Please Describe Crime/Violation: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Primary Doctor: \_\_\_\_\_

Disabilities: \_\_\_\_\_ Have You Ever Been Denied Life Insurance: Yes / No \_\_\_\_\_

Do You Indulge in Narcotics or Alcohol: Yes / No \_\_\_\_\_ Will You Submit to A Drug Test If Requested: Yes / No \_\_\_\_\_

**EMERGENCY CONTACT**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
*First Middle Last*

**Address:** \_\_\_\_\_  
*Street or PO Box Apartment Number*

\_\_\_\_\_  
*City State Zip*

**Telephone:** \_\_\_\_\_  
*Home Cell Work*

**EMPLOYMENT**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street or PO Box City State Zip*

**Work Phone Number:** \_\_\_\_\_

**Current Shift:** \_\_\_\_\_ **Years on Job:** \_\_\_\_\_

**FIRE / EMERGENCY SERVICE HISTORY**

**Previous Fire Service:** Yes / No **What Department:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_ **Length of Time with Department:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Circle Current Certifications:** FF1 FF2 EMR EMT AEMT Medic **Expiration Date:** \_\_\_\_\_

**Hazmat** Yes / No **What Level:** \_\_\_\_\_ **CPR:** Yes / No **Expiration Date:** \_\_\_\_\_

**REFERENCES: (Please Provide Two with No Affiliation of Mineral Springs Fire or Mineral Springs Board of Directors References)**

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Address</b>		<b>Address</b>	
<b>City</b>		<b>City</b>	
<b>State</b>		<b>State</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Signature</b>		<b>Signature</b>	

Printed Name of Applicant: \_\_\_\_\_

Signed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*Upon completion, please include a certified current copy of your Driving Record and Criminal History\*\*\***

**\*\*\*Applicants not providing such will not be considered\*\*\***

Volunteer Application

Created on 4/6/2026

