

Mineral Springs Vol. Fire & Rescue Inc.

www.MSVFR18.com

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

VOLUNTEER

FIRE

LADIES AUX

Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Social Security Number: _____

Address: _____
Street or PO Box Apartment Number

_____ *City State Zip* **Driver License Number:** _____

Telephone: _____
Home Cell Pager

PERSONAL INFORMATION

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

Height: _____ Weight: _____ Physical Condition: _____ Sight _____ Hearing _____ Breathing _____

Length of Time At Current Residence: _____ What Hours Would You Be Available For Service: Day _____ Night _____

Do You Own An Automobile: _____ 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 Violation: _____

Date of Last Physical: _____ 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

BENEFICIARY OF FIREMAN'S INSURANCE

Name: _____ Relationship: _____
First Middle Last

Address: _____
Street or PO Box Apartment Number

_____ *City State Zip*

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EMPLOYMENT

Employer: _____ Occupation: _____
Address: _____
Street or PO Box *City* *State* *Zip*
Work Phone Number: _____ Supervisor: _____
Current Shift: _____ Years on Job: _____ Can You Leave Work To Respond on Calls: Yes / No

FIRE / EMERGENCY SERVICE HISTORY

Previous Fire Service: Yes / No What Department: _____
Reason For Leaving: _____ Length of Time With Department: _____
Contact: _____ Position: _____ Phone Number: _____
Check Current Certifications: FF1 FF2 Medical Responder EMT EMT ES BRT ERT ART
Hazmat What Level: _____ CPR Expiration Date: _____

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

Name	Address	City / State	Phone	Signature

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**