

Glenn Rainey, *Fire Chief*

Frank Hendricks, *President*

Ed Cox, *Vice President*



Roger Cramer, *Treasurer*

James Norrell, *Secretary*

Shane Moore, *Director*

COLINGTON VOLUNTEER FIRE DEPT., INC.

108 School House Road, Kill Devil Hills, NC 27948
Phone (252) 441-6234, Fax (252) 441-5887
www.colingtonfd.com, colingtonfd@gmail.com

APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____
(Last) (First) (Middle)

PHYSICAL ADDRESS: _____
(Street) (City) (State) (Zip)

MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: (H) _____ (W) _____ (C) _____

DATE OF BIRTH: _____ SSN: _____

DRIVERS LICENSE #: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

HIGH SCHOOL ATTENDED: _____

HIGH SCHOOL ADDRESS: _____

DATE GRADUATED/or G.E.D.: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes _____ No _____

PREVIOUS FIRE FIGHTER TRAINING / EXPERIENCE

Glenn Rainey, *Fire Chief*

Frank Hendricks, *President*

Ed Cox, *Vice President*



Roger Cramer, *Treasurer*

James Norrell, *Secretary*

Shane Moore, *Director*

COLINGTON VOLUNTEER FIRE DEPT., INC.

108 School House Road, Kill Devil Hills, NC 27948

Phone (252) 441-6234, Fax (252) 441-5887

www.colingtonfd.com, colingtonfd@gmail.com

PERSONAL INFORMATION

NAME: _____

MARRIED: _____ SPOUSE'S NAME: _____

.....

IN CASE OF EMERGENCY, NOTIFY

Primary

NAME: _____ RELATIONSHIP: _____

PHONE: (H) _____ (CELL) _____

Secondary

NAME: _____ RELATIONSHIP: _____

PHONE: (H) _____ (CELL) _____

State of North Carolina, County of Dare

The undersigned, being a firefighter in the above named County and State, and recognizing that the duties of a firefighter are dangerous and may result in death, and further realizing that it may be difficult to prove that death was a result of injuries sustained in the line of duty in order to secure the benefits provided for the survivors;

Now therefore pursuant to G.S. 90-217 in the event I shall die under circumstances that could possibly be related to firefighting activities, it is directed that an autopsy be performed on my body and that the results be made available for any action in connection with securing benefits due my survivors under local, State or Federal Law.

Signed _____ this _____ day of _____, 20__.

State of North Carolina, County of Dare

I, _____ a Notary Public in and for said County and State, hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing authorization.

Witness my hand and Notaries Seal, this the _____ day of _____ 20__.

Notary Public
My Commission expires _____

SEAL

Glenn Rainey, *Fire Chief*

Frank Hendricks, *President*

Ed Cox, *Vice President*



Roger Cramer, *Treasurer*

James Norrell, *Secretary*

Shane Moore, *Director*

COLINGTON VOLUNTEER FIRE DEPT., INC.

108 School House Road, Kill Devil Hills, NC 27948

Phone (252) 441-6234, Fax (252) 441-5887

www.colingtonfd.com, colingtonfd@gmail.com

To Whom It May Concern:

On this, the ____ day of _____, 20 ____, I, _____,

Date of Birth _____, Driver's License Number _____,

do hereby give my permission to the Board of Directors of the Colington Volunteer Fire Department to check my driving record and to do a criminal background investigation of my person to comply with the Department's insurance carrier.

(Signature)

(Date)

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned gives his or her consent to the release of their driving record (MVR) for review by
COLINGTON VOLUNTEER FIRE DEPARTMENT
2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record (MVR) for review by
Our Insurance Carrier
4. That the undersigned understands his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.

Name of employee / potential employee _____

License number & state _____

Date of birth _____

Signature of employee / potential employee _____