



# YOUNGSVILLE FIRE DEPARTMENT

803 Wheaton Ave, Youngsville NC 27596  
P.O. Box 238, Youngsville NC 27596

919.556.6899 – Headquarters  
919-556-9150 – Fax

---

## Volunteer Membership Application

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

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

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License Type: Classified: \_\_\_ or CDL: \_\_\_ / A \_\_\_, B \_\_\_, C \_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Home Ph. #: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

Have you ever completed an application with Youngsville Fire Department? Yes: \_\_\_ No: \_\_\_  
*If "yes", when? \_\_\_\_\_*

Have you ever been a member of a public safety organization (FD, EMS, Law Enforcement)? Yes: \_\_\_ No: \_\_\_  
*If "yes" name, when, and where? \_\_\_\_\_*

Have you ever been convicted of any crime, including a traffic violation? Yes: \_\_\_ No: \_\_\_  
*If "yes" please explain: \_\_\_\_\_*

Are you currently charged with a crime or involved with any criminal proceedings? Yes: \_\_\_ No: \_\_\_  
*If "yes" please explain: \_\_\_\_\_*

Are you legally eligible for employment in the United States? Yes: \_\_\_ No: \_\_\_

Will you submit to random drug screenings, criminal background investigations, and driving record investigations as a condition of your potential membership? Yes: \_\_\_ No: \_\_\_

List any talents, skills, or interests that would enhance your value as a member of the Youngsville Fire Department:

---

---

---

---

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years with current employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years with current employer: \_\_\_\_\_

Please list four character references that are not of any relation:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you believe you are physically and mentally capable of being a firefighter? Yes: \_\_\_ No: \_\_\_

*Please briefly explain:* \_\_\_\_\_  
\_\_\_\_\_

Have you had a physical in the last 12 months? Yes: \_\_\_ No: \_\_\_

Do you have a current Hepatitis B vaccination? Yes: \_\_\_ No: \_\_\_

Have you had a TB test in the past 12 months? Yes: \_\_\_ No: \_\_\_

Please list any other vaccinations you may have (COVID-19, Flu, Hep C, etc.): \_\_\_\_\_

At the cost of Youngsville Fire Department, would you take a drug screen? Yes: \_\_\_ No: \_\_\_

At the cost of Youngsville Fire Department, would you participate in a yearly physical? Yes: \_\_\_ No: \_\_\_

**I endorse that everything contained within this application is accurate, truthful, and factual. If this information is found to be untrue or fraudulent, I understand that removal from the application process, or at a later date after acceptance, dismissal from the organization may occur.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name**

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

Applications must be returned to Fire Station 1, Monday through Friday, 8am-5pm or the third Monday night of each month at 7pm. You must turn in the following items with this application in order to be considered for membership:

- Copy of your high school diploma or GED. (not applicable to Junior Firefighter applicants)
- Copy of your driver's license.
- Certified 7 year driving record. (you must obtain a record from any state that you have resided in for the past 7 years)
- A criminal background check from the county of your residence.

NOTE:

- a. If found suitable for volunteer membership, you will also be required to submit for fingerprinting and a NC SBI background search. Information and directions will be provided by YFD.

Note: The Franklin County Sheriff's Office offers fingerprinting services.

(Administrative Use Only)

Application reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Date of interview: \_\_\_\_\_ Comments: \_\_\_\_\_

Recommended for membership? Yes: \_\_\_ No: \_\_\_ Date: \_\_\_\_\_

Membership Chairperson: \_\_\_\_\_

Signature

Printed Name