



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)
- Federal Bureau of Investigation Background Investigation (information can be found on how to obtain this at the link below)

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

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