

Lebanon Volunteer Fire Department  
7900 Russell Rd. / P.O. Box 71247  
Durham, NC 27712  
(919) 477-7750

Application for Membership Part-Time:\_\_\_\_ Volunteer:\_\_\_\_

Please read completely and fill out all information before signing and returning.

Date of Application:\_\_\_\_\_ Approval Date:\_\_\_\_\_

SSN:\_\_\_\_\_ Approved By:\_\_\_\_\_

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

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

State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Pager #:\_\_\_\_\_ Cell #:\_\_\_\_\_

E-Mail:\_\_\_\_\_

Spouse / parents name:\_\_\_\_\_

Spouse / parent contact phone number: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Date Completed:\_\_\_\_\_

Please list any prior fire and/or EMS experience: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or convicted of a felony? YES\_\_\_\_ NO\_\_\_\_

If yes, Explain.\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or convicted of a misdemeanor? YES\_\_\_\_ NO\_\_\_\_

Explain. \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of any moving violations in the past 5 yrs? YES\_\_\_\_ NO\_\_\_\_

Explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of driving while impaired? YES\_\_\_\_ NO\_\_\_\_

Explain. \_\_\_\_\_

\_\_\_\_\_

List other skills / experience that may benefit the department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List special projects that you may be willing to participate with the department:

\_\_\_\_\_

\_\_\_\_\_

**Provide copies of all certifications, social security card and valid driver's license along with this completed application.**

Thank You!

Lebanon Volunteer Fire Department

Member Information Supplement

Date of Application: \_\_\_\_\_ P# \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

NCDL: \_\_\_\_\_ Class: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_ Organ Donor: Y\_\_ N\_\_

Medications: \_\_\_\_\_

Doctors Name and Number: \_\_\_\_\_

Emergency Contact Name and Relation: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Employer Information

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

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

Phone Number: \_\_\_\_\_

For Office Use Only

Association Date: \_\_\_\_\_ Rank: \_\_\_\_\_

Paid: \_\_\_\_\_ Volunteer \_\_\_\_\_

# Lebanon Volunteer Fire Department

## Reference Sheet

Please provide Name, Address, Contact Information, Years Known, and relationship to applicant for 3 non-relative references.

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all the answers and statements in this application are true. I understand the objective of this department is to provide fire prevention and preservation of life and property. I will do my best to fulfill this goal. I understand that any falsification on this application is grounds for dismissal. I understand that this application will not be reviewed until all components have been received. I understand the Department has the right to deny membership based on information from background and/or driving history at the discretion of the Chief or his/her designee. I understand that as a member of Lebanon Volunteer Fire Department I must abide by the by-laws and SOG's of the department.

Signed: \_\_\_\_\_

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

Lebanon Volunteer Fire Department

North Carolina

County of Durham

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

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 the securing of benefits due to my survivors under Local, State, and/or Federal law.

This the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_

Signed:\_\_\_\_\_

( Seal)

North Carolina

County of Durham

I, \_\_\_\_\_, a Notary Public, in and for said County and State, hereby certify that \_\_\_\_\_, personally appeared before me, this date and acknowledge the due execution of the foregoing authorization.

Witness signed and Notary Seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Notary Public

Expires:\_\_\_\_\_