



# LURAY FIRE DEPARTMENT, INC.

## Membership Application

Applicant Type (check one):  Senior Member (18+)  Junior Member (16–17)

### 1. Applicant Information

Full Legal Name:	
Date of Birth:	Age:
Home Address:	
City / State / Zip:	Email Address:
Phone Number:	Employer / School:
Driver's License # (if applicable):	

Emergency Contact Name: \_\_\_\_\_

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

### 2. Residency Eligibility

Per the bylaws of the Luray Fire Department, Inc., any citizen of the Town of Luray or vicinity between the ages of 16 and 45 years is eligible to apply for membership. Applicants over 45 may apply if they were a member in good standing in another department with letters of recommendation, or have served as an Associate Member of the Luray Fire Department for at least one (1) year in good standing.

Applicants Over Age 45 (complete if applicable):

Previous Fire Department:
Department Location:
Years of Service:

Letters of recommendation attached

Served as LFD Associate Member for at least one year



### 3. Background Information

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Prior Fire/EMS/Rescue experience?  Yes  No

If yes, describe: \_\_\_\_\_

Current Certifications (EMT, Firefighter, etc.): \_\_\_\_\_

### 4. Statement of Interest

Why do you wish to become a member of the Luray Fire Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. Sponsoring Member

All applicants must be sponsored by a current member of the Luray Fire Department.

Sponsoring Member Name (Printed): \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 6. Junior Member Parent / Guardian Consent (Ages 16–17 Only)

I, the undersigned parent or legal guardian, give permission for the above applicant to apply for membership with the Luray Fire Department Junior Department.

Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**7. Background Check Authorization (If Required)**

The Luray Fire Department may require a background check for certain membership positions. By signing below, the applicant authorizes the department to conduct a background investigation if deemed necessary.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Applicant Certification**

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree to follow the Constitution, Bylaws, Rules, and Regulations of the Luray Fire Department, Inc.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. Department Use Only**

Date Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

Notes: \_\_\_\_\_