



Christiansburg Volunteer Fire Department (CVFD) Application

Please fill out the information below to its entirety. If an application is missing any of the information below, it will not be accepted. Applications may be submitted in person at the station (110 Depot St. NW) or via email to bhanks@christiansburg.org.

Name: _____ Email: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Virginia Driver's License Customer Identifier: _____ Are you over the age of 21? Yes No

Do you live in Christiansburg? Yes No If yes, for how long? _____

Occupation: _____ Employer: _____

May we contact your employer? Yes No

If yes, please provide your supervisor's name and phone: _____

Will you be able to leave your place of work to answer fire calls? Yes No

If you would like to provide more details, please explain. _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Please list all of the firefighting training you have received. Provide dates if you can. _____

List three people not related to you who know your character. A phone number must be listed for the character references. Please be aware that these individuals will be contacted. It is advised to let them know so that they may expect our call.

Character Reference 1
 Name: _____ Phone: _____ Relation: _____

Character Reference 2
 Name: _____ Phone: _____ Relation: _____

Character Reference 3
 Name: _____ Phone: _____ Relation: _____

This application requires the signatures of three active members of the CVFD. Please provide their information in the spaces below.

Volunteer Firefighter 1
 Name: _____ Signature: _____ Date: _____

Volunteer Firefighter 2
 Name: _____ Signature: _____ Date: _____

Volunteer Firefighter 3
 Name: _____ Signature: _____ Date: _____

The CVFD Membership Committee is hereby authorized to conduct an investigation of my personal history, including financial and credit records as well as my criminal and driving records.

The above facts in my application are true and complete to the best of my knowledge.

Signature of applicant: _____ Date: _____

***This application must be resubmitted before the one-year anniversary of the date above.**