



THE PLACE TO BE.  
**CHRISTIANSBURG VA**  
Established November 10, 1792

100 East Main Street  
Christiansburg, VA 24073  
p: (540) 382 6128  
f: (540) 382-7338

## 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 [banks@christiansburg.org](mailto:banks@christiansburg.org).

Name: _____	Email: _____		
Address: _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
Virginia Driver's License Customer Identifier: _____		Are you over the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you live in Christiansburg? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how long? _____	
Occupation: _____		Employer: _____	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you would like to provide more details, please explain. _____			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			