

APPLICATION FOR MEMBERSHIP

Covington Volunteer Fire Department
435 West Hawthorne Street
Covington, Virginia 24426
(540) 965-6392

APPLICATION FOR ACTIVE MEMBERSHIP IN THE COVINGTON VOLUNTEER FIRE DEPARTMENT MAY BE APPLIED FOR BY ANY PERSON EIGHTEEN (18) YEARS OF AGE OR OLDER AND LIVING WITHIN THE BOUNDARIES AND BEING THEIR PRIMARY PLACE OF RESIDENCE. MEMBERSHIP BOUNDARIES ARE AS FOLLOWS:

NORTH: Includes Intervale, Clearwater Park, Clearview Estates, River Edge Retreat and Dunbrack Road. The maximum limit is Deep Ford Bridge.

EAST: To Island Ford Bridge, Valley Ridge maximum limit is to Alleghany Memorial Park. On Route 676 (Dolly Ann Drive) which includes Valley Brook Subdivision. Maximum limit is to top of the mountain.

SOUTH: Includes Cherokee, Indian Valley. Maximum limit is bridge at Walton's Farm.

WEST: Humpback Bridge is in the gray area. Maximum limit is Exit 10 on I-64.

Do you possess a valid Virginia Driving operators license? _____

Do you have any MENTAL or PHYSICAL illnesses, conditions, or defects that could prevent you from performing as a fireman? YES _____ NO _____

If Yes, please explain; _____

Have you ever been charged or convicted with a crime, (including motor vehicle violations)? YES _____ NO _____

If Yes, please explain; _____

Has your operators license ever been SUSPENDED or REVOKED?

YES _____ NO _____ If Yes, please explain; _____

Have you ever been a member of any other fire department or company in or outside of the state of Virginia? YES _____ NO _____ If Yes, which department(s) and their location(s); _____

PLEASE SUBMIT, WITH THIS APPLICATION, A TRANSCRIPT OF YOUR DRIVING RECORD. THIS TRANSCRIPT CAN BE OBTAINED AT THE VIRGINIA DEPARTMENT OF MOTOR VEHICLES OFFICE. (TRANSCRIPT FEE WAIVER ATTACHED TO THIS APPLICATION).

I hereby certify and affirm that all information on this application is true and correct. (ANY FALSE STATEMENT, FALSE INFORMATION, OR MISREPRESENTATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION).

APPLICANT: _____
(Signature)

WITNESS TO THIS APPLICATION: _____
(Active Covington Fire Dept. Member)

DATE WITNESS: _____

THE COMMITTEE MEMBERS ON THE ABOVE APPLICATION ARE;

CHAIRMAN _____

PERMISSION TO INVESTIGATE

You, the investigating committee, are hereby authorized to make any investigation of my criminal record through any police agency. You may also investigate my personal history and educational record through any investigative agencies and educational institutions as deemed necessary by the investigating committee.

APPLICANT: _____

DATE: _____

THIS IS TO CERTIFY THAT _____ was
duly elected to a one (1) year Probationary Membership in the COVINGTON FIRE
DEPARTMENT at a meeting held on _____, 20_____,
and that he is entitled to have the OATH OF OFFICE administered. During the
probationary period, and upon completion, he shall be subject to Article III, Section
8 of the Constitution and By-Laws.

SECRETARY: _____

OATH OF FIREMAN

I, _____ do solemnly swear that I will support the Constitution of the United States and the Constitution of Virginia, ordained by the Convention which assembled in the City of Richmond on the 12th. day of June, Nineteen Hundred and One, and that I will faithfully and impartially discharge and perform all the duties incumbent upon me as a fireman in the City of Covington, County of Alleghany, Virginia, according to the best of my ability.....so help me God.

*SUBSCRIBED AND SWORN TO ME THIS _____ DAY
OF _____, 20_____.*

Covington Fire Department
COVINGTON, VIRGINIA 24426

TO: Division of Motor Vehicle Officials,

This notice is confirming that _____ is applying for membership to the Covington Volunteer Fire Department and is required to obtain a copy of their Virginia Vehicle Driver's Transcript to be put on file with the application. It is my understanding if the Chief of the Department confirms the individual is applying, the monetary fee will be waived.

Sincerely,

Wesley B. Walker
Covington Fire Chief