

# Crowders Mountain Volunteer Fire and Rescue, Inc.

Station 01: 480 Bethany Rd Gastonia, NC 28052 704.867.4451  
Station 02: 215 East Virginia Ave Bessemer City, NC 28016 704.629.5353  
Mailing Address: PO Box 1181 Gastonia, NC 28052  
[www.cmvfr.org](http://www.cmvfr.org)

## **APPLICATION FOR MEMBERSHIP**

Thank you for showing interest in becoming a member of Crowders Mountain Fire/Rescue, Inc. We look forward to accepting you as a member of our department.

### **-Notice to Applicant-**

**Under Gaston County contract, Crowders Mountain Fire/Rescue, Inc. is required to have a criminal background check and a drug test of all applicants for membership. In accordance with our By-Laws, applicants must be 18 years of age, possess a high school diploma or GED, and have a valid driver's license. For this application to be reviewed or considered for acceptance, a background check from Gaston County must be attached when you return the completed application.**

5500 Department Chief Eric Withers

5501 Deputy Chief Deany Phillips

High School Diploma or GED \_\_\_\_  
Background Check Attached \_\_\_\_

Valid Driver's License \_\_\_\_  
Drug Test Received \_\_\_\_

# CROWDERS MOUNTAIN VOLUNTEER FIRE/RESCUE, INC.

## Application for Membership

Circle the discipline of membership for which you are applying. If more than one, circle all that apply.

**FIRE**

**RESCUE**

**EMS**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI) (MAIDEN)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

LIST ALL TRAFFIC VIOLATIONS IN THE LAST FIVE YEARS AND THEIR OUTCOME:

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

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? : \_\_\_\_\_

LIST ALL TRAINING AND CERTIFICATIONS THAT YOU CURRENTLY HOLD THAT WILL BENEFIT THE DEPARTMENT: \_\_\_\_\_

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

*(Please attach a copy of each certification)*

**CROWDERS MOUNTAIN VOLUNTEER FIRE/RESCUE, INC.**  
**Application for Membership**

List three personal references (no relatives or current members of our department). Failure to provide complete references information may result in delay or rejection of this application.

NAME	ADDRESS	PHONE

I, \_\_\_\_\_, acknowledge that all of the information that I have provided to Crowders Mountain Fire/Rescue, Inc., is true to the best of my knowledge. I have obtained at my own expense, a certified copy of my criminal background. I further agree to submit to a drug screening to be conducted, at no expense to me, at a location specified by the department as required by Gaston County.

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

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

**FOR DEPARTMENTAL USE ONLY**

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

Date of Background Check: \_\_\_\_\_

Date of Drug Screen: \_\_\_\_\_

Date Reviewed by Application Committee: \_\_\_\_\_

Accepted for Probation: Yes No Reason: \_\_\_\_\_

Date for Membership Vote: \_\_\_\_\_

Accepted for Membership: Yes No Reason: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Station Assignment: \_\_\_\_\_