



**New Bern Fire Department  
Volunteer Division  
New Member Application**



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

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHONE: (HOME) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (CELL) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ (STATE ISSUED) \_\_\_\_\_

ADDRESS: (STREET) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS):

(STREET) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(MAY WE CONTACT THIS EMPLOYER AS A REFERENCE?) \_\_\_\_\_

PREVIOUS EMPLOYERS (LAST 5 YEARS):

(1) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (MAY WE CONTACT?): \_\_\_\_\_

(2) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (MAY WE CONTACT?): \_\_\_\_\_

(3) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (MAY WE CONTACT?): \_\_\_\_\_

REFERENCES (EXCLUDING RELATIVES AND EMPLOYERS):

(1) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(3) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT PERSONS:**

(1) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ (PHONE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DO YOU HAVE ANY PREVIOUS FIREFIGHTING EXPERIENCE?** \_\_\_\_\_

**IF SO WHERE?** \_\_\_\_\_ **TOTAL YEARS EXPERIENCE:** \_\_\_\_\_

**HAVE YOU EVER HAD ANY FELONY ARRESTS?** \_\_\_\_\_ **IF SO EXPLAIN BELOW:**

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

**HAVE YOU HAD ANY DRIVING CITATIONS IN THE LAST 5 YEARS?** \_\_\_\_\_

**IF SO EXPLAIN:** \_\_\_\_\_

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

**DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY RESTRICT YOUR PERFORMANCE IN FIREFIGHTING DUTIES?** \_\_\_\_\_ **IF SO EXPLAIN BELOW:**

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

**I MAKE MY APPLICATION TO THE NEW BERN FIRE DEPARTMENT VOLUNTEER DIVISION. I DECLARE UPON MY HONOR TO ABIDE BY THE OPERATING PROCEDURES AND BY-LAWS IF ACCEPTED INTO THE VOLUNTEER DIVISION. I FURTHER DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Please return this application along with your criminal background/driving record to NBFD main station or to a member of NBFD. All applicants must live within one mile of New Bern city limits.)**