

Buies Creek Rural Fire Department  
Membership Application



**Buies Creek Rural Fire Department  
Membership Application**

**Buies Creek Rural Fire Department**

**PO Box 447**

**Buies Creek, NC 27506**

**(910) 893-4327**

**(910) 893-5329**

Buies Creek Rural Fire Department  
Membership Application

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Physical Address: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

DL #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Sex: Male Female (circle one) Marital Status: \_\_\_\_\_

Are you a Campbell Student: Yes No (circle one) If yes, what year? \_\_\_\_\_

How long do you plan to be in the area? \_\_\_\_\_

What do you plan to run: Fire EMS Both (circle one) Do you have any experience: Yes No (circle one)

If yes, please detail: \_\_\_\_\_

Certifications Held: \_\_\_\_\_

Current/Previous Department: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Chief: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical, physical or psychological conditions you wish to share, that would require a special job assignment? (This question is completely voluntary) \_\_\_\_\_

Do you use illegal drugs? Yes No (circle one) Will you submit to a drug test if required? Yes No (circle one)

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Please provide three (3) references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Why do you want to become a member of Buies Creek Rural Fire Department: \_\_\_\_\_

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

**Educational Background**

Do you have a High School Diploma or G.E.D.? Yes No (circle one)

High School Attend: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_ Major: \_\_\_\_\_

Degrees Earned: \_\_\_\_\_

By signing below, I attest that I have answered all questions completely and truthfully. I understand that if I have not answered all questions completely and truthfully, that my application will be denied or I may be dismissed from the Buies Creek Rural Fire Department at any time. I further agree, if accepted, to follow all rules and regulations as set in the Buies Creek Rural Fire Department By-Laws and Standard Operating Guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ (must be current member)

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**\*\*\*This page is for Department Use Only\*\*\***

Date application was received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date interviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Check List**

- Application Complete
- Copy of Driver/Operator License Attached
- Copy of Driving Record Attached
- Copy of Criminal Background Check Attached
- Copy of any Certificates Attached

Notes from interview: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership Status**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Accepted / Declined      Chair of Meeting Initials: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Accepted / Declined      Chair of Meeting Initials: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Accepted / Declined      Chair of Meeting Initials: \_\_\_\_\_

Job assignment: \_\_\_\_\_      Chief's Signature: \_\_\_\_\_

**Six (6) month vote**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Accepted / Declined      Chair of Meeting Initials: \_\_\_\_\_