

**APPLICATION FOR AUXILIARY MEMBERSHIP
CHINCOTEAGUE VOLUNTEER FIRE COMPANY (CVFC), INCORPORATED**

The Auxiliary Membership of the CVFC shall be limited in number. Membership as an Auxiliary member in CVFC shall be as follows:

- a. Each person seeking membership into the Auxiliary shall complete, in entirety, this application AND be recommended by the Chairman of the Auxiliary.
- b. Once recommend, the application shall be reviewed and voted on at a regular CVFC meeting.
 - a. Membership is granted upon a majority vote of the voting members. Ties will be decided upon the President of the company.

Applicant General Information:

Printed Name: _____
 FIRST MIDDLE LAST

Date of Birth: _____ \ _____ \ _____
 MONTH DAY YEAR

Address: _____
 STREET

 CITY STATE ZIP CODE

Auxiliary By-Laws:

As an Auxiliary Member of this organization, I will abide by and in accordance with the following Auxiliary requirements and CVFC By-Laws listed below.

Auxiliary Requirement No. 1

The primary purpose of the CVFC is to fight fires. When the siren is sounded, it is every member’s duty to respond and report. As an Auxiliary Member you DO NOT respond to alarms however, there may be times your assistance is required on-scene of an active situation. If your presence is requested at an active situation, you will abide by the directions given to you by the on-scene Chief or his/her designee.

Auxiliary Requirement No. 2

You are not required to attend drills. You are not required to attend any regular or special CVFC meetings.

Auxiliary Requirement No. 3

You are required to attend Auxiliary meetings and, if deemed necessary by the Chairman of the Auxiliary, you may be required to attend a regular or special CVFC meeting.

Auxiliary Requirement No. 4

During your work as an Auxiliary member, the equipment and services used are the property of CVFC. You are expected to keep all equipment and facilities clean and in good working order at all times. All noted discrepancies in equipment or cleanliness are to be reported to the Chairman of the Auxiliary.

Auxiliary Requirement No. 5

In preparation and during the annual carnival events, you and your immediate family are entitled to food, beverage and, in some situations, your children and/or grandchildren may be entitled to a free wristband for riding carnival rides. These privileges only apply on the day(s) you are actually working on the carnival grounds.

Auxiliary Requirement No. 6

Your attendance at the annual carnival events and other CVFC scheduled events is expected and required unless excused by the Chairman of the Auxiliary.

Auxiliary Requirement No. 7

Annually, upon your date of membership, the Chairman of the Auxiliary can review your involvement and attendance for supporting the annual carnival and other scheduled events. Members who continually fail to appear at the events shall be recommended for dismissal from the Auxiliary.

Auxiliary Requirement No. 8

As an Auxiliary Member, you are expected to adhere and perform to the standards and guidelines established by CVFC. Any adverse behavior or actions proven detrimental towards CVFC may result in your dismissal from the Auxiliary through the recommendation of the Chairman of the Auxiliary and a majority vote through the member's secret ballot system.

Auxiliary Requirement No. 9

No physical examination is required for Auxiliary Membership.

Auxiliary Requirement No. 10

Upon entering into the CVFC Auxiliary, after a majority vote of the members, you are entitled to all benefits established by CVFC SOPs and By-Laws to include:

1. CVFC Ambulance benefits;
2. Invitations to all CVFC functions;
3. CVFC medical care and death benefits;
4. Be recommended for his/her outstanding contributions to the company;

Date of Application: _____
MONTH DAY YEAR

Signature of Applicant: _____
NAME IN FULL

CVFC Auxiliary Personal Record File:

Name: _____ SSN: _____

Address: _____
STREET

CITY

STATE

ZIP CODE

Telephone: _____

Occupation: _____

Hours of Work: _____ Full Time Part Time Shift Work

Sponsored By: _____

Date Committee Interview: _____

Date Committee Voted: _____ Accepted Denied

Date of Back Ground Check: _____

Date of Life Membership: _____