



Crozet Volunteer Fire Department Auxiliary  
5652 Three Notch'd Rd ♦ Crozet, Virginia 22932  
434.832.4758

## Auxiliary Application

Failure to provide complete information on this form could delay the processing of your application.

Last Name:		First:	Middle:	Date:
Street Address:				Home:
City:		State:	Zip:	Mobile:
Are you over 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	
Emergency Contact (Name/Phone):			Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What is your relationship to the CVFD?	
Have you previously filed an application with the Crozet VFD Auxiliary? If so, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been a member of another Fire & Rescue Auxiliary or other volunteer organization? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other pertinent information, skills, or abilities which you could offer to the Crozet VFD Auxiliary:	

Please list three references:	
Name:	Phone:
Name:	Phone:
Name:	Phone:

If voted into membership I agree to abide by all rules and regulations, and the Constitution and Bylaws of the Crozet VFD I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I	
_____	_____
Signature of Applicant	Date

<b>For CVFD Aux Only:</b> Date Received/Received by:	Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Provide Explanation)
---	---