



Moyock Fire Department Membership Application

Station 3 Currituck County North Carolina

Website submission instructions

Download and save this form before completing it. Complete all applicable fields, save the finished file using the applicant's last and first name, and email it only to the official Station Assistant address listed on the Moyock Fire Department website. Do not send a completed application through social media, text message, or a public file link because it contains sensitive personal information.

Applicant Information

First name	Middle name	Last name	
Preferred name	Date of birth MM DD YYYY	Age	Other names used
Current street address			
City	State	ZIP code	Years at address
Primary phone	Alternate phone	Email address	

Membership Classification Requested

☐ Operations ☐ Administrative ☐ Auxiliary ☐ Associate

Select one classification

Operations - Participates in Department activities and emergency response and must meet annual meeting, training, and station-time requirements.

Administrative - Participates strictly in administrative functions and does not respond to emergency incidents.

Auxiliary - Supports Department activities but does not participate in emergency response or training except approved rehab support as directed.

Associate - Has no Department voting rights; must be currently employed by a fire department; must hold Firefighter I and II and EVD or equivalent EVOC certification; and may perform interior structural firefighting only after written clearance by the Fire Chief.

☐ I selected one classification and understand the requirements are explained later in this application.

Employment Experience and Certifications

Current Employment

Employer

Position or title

Employer phone

Supervisor name

Work schedule

General availability for calls training station time meetings and events

Current or Prior Fire Rescue and EMS Service

☐ Currently serving

☐ Previously served

☐ No prior service

Department or agency

Position or role

Dates of service

Current status or reason for leaving

Agency contact person and phone

Current Certifications

Certification	Issuing agency	Certificate number	Expiration

Associate Membership Eligibility Complete Only If Applying as Associate

Employing fire department

Current position

Firefighter I certificate number and expiration

Firefighter II certificate number and expiration

EVD or EVOC certificate number and expiration

☐ I understand Associate Members do not have Department voting rights.

Driver and Legal History

Driver License Information

Driver license number

Issuing state

Class

Expiration date

Do you currently hold a valid driver license

☐ Yes

☐ No

Has your license ever been suspended revoked cancelled or denied

☐ Yes

☐ No

License restrictions endorsements or explanation of any license action

Traffic History

Have you had any traffic violations moving citations or at-fault crashes

☐ Yes

☐ No

If yes list each date location offense or crash and final disposition

Criminal and Disciplinary History

Have you ever been convicted of or pleaded guilty or no contest to a criminal offense

☐ Yes

☐ No

Are criminal charges currently pending against you

☐ Yes

☐ No

Have you been suspended dismissed or asked to resign from a fire rescue or EMS organization

☐ Yes

☐ No

Explain every yes response with dates jurisdiction organization and disposition

Do not disclose expunged matters or any record you are not legally required to disclose. A yes response does not automatically determine the outcome of the application. Any formal criminal-history or motor-vehicle-record check will use a separate disclosure and authorization when required.

References Emergency Contact and Applicant Statement

Professional or Personal References Not Related to You

Reference 1 name	Relationship	Phone	Email

Reference 2 name	Relationship	Phone	Email

Emergency Contact

Name	Relationship	Primary phone

Alternate phone	Email

Applicant Statement

Why do you want to join Moyock Fire Department and what can you contribute

Describe your fire rescue EMS public-safety military trade or other relevant experience

List any special skills languages education or training not already listed

Other information you want the Board and Fire Chief to consider

Application Process and Membership Requirements

New Member Application Process

1. Submit the completed application to the Vice President or Secretary at least seven days before the regular monthly business meeting.
2. Attend an interview with the Board of Directors and the Fire Chief or designee. The Board must approve the application before it is presented to the General Body.
3. Receive a mentor assignment from the Vice President.
4. Attend the next two regular business meetings unless the Board approves other arrangements.
5. Use the first meeting as the first reading, introduce yourself, and then complete at least three hours of orientation training before the second reading.
6. Attend the second meeting for the General Body vote. Do not represent yourself as a member before acceptance. A rejected applicant may reapply after 180 days.
7. If accepted, complete a 180-day probationary period without voting privileges. Full privileges begin after probation when applicable requirements are met and there are no bylaw or policy violations.

Membership Requirements

Operations	Attend at least 9 regular business meetings each year unless excused. Complete at least 40 hours of approved fire training and 80 hours of station time annually. Maintain at least 25 percent progress each quarter and participate in Department activities including emergency response.	Initials
Administrative	Perform administrative functions only and do not respond to emergency incidents. Attend at least 9 regular business meetings each year unless excused.	Initials
Auxiliary	Do not respond to emergency incidents or participate in training. Rehab support is allowed only in a designated safe area when properly directed. Children may not be present at emergency or training rehab.	Initials
Associate	No Department voting rights. Must be currently employed by a fire department and hold Firefighter I and II plus EVD or equivalent EVOC certification. Associate status does not by itself authorize interior structural firefighting. Written Fire Chief clearance is required before interior participation.	Initials

Operations progress review

Progress is reviewed throughout the year. Members who fall behind receive written progress notices. After six months without meeting station requirements, a letter of intent is issued. Continued failure by month nine results in suspension from running calls. At month twelve, if no attempt has been made to meet requirements, the bylaws provide for termination. Annual failure may also lead to Inactive status under the bylaws.

Applicant Agreement and Electronic Signature

Required Acknowledgments

- ☐ I certify that the information in this application is complete and accurate to the best of my knowledge.
- ☐ I have reviewed and agree to comply with the requirements and limitations for the membership classification I selected.
- ☐ I understand the interview, mentor, two-reading, orientation, General Body vote, and 180-day probationary process.
- ☐ I will not identify or represent myself as a Moyock Fire Department member until the General Body accepts my application.
- ☐ I agree to follow the Department Constitution and Bylaws, Policies and Procedures, Chain of Command, confidentiality expectations, and professional-conduct rules.
- ☐ I will not report to an emergency scene or public event under the influence of an intoxicating substance.
- ☐ I understand all Department-issued property must be returned if I resign or am dismissed.
- ☐ I authorize the Department to verify application information and contact references and current or prior fire rescue or EMS organizations. Separate authorization may be required for formal records checks.
- ☐ If applying as an Associate, I understand I have no voting rights and may not perform interior structural firefighting until the Fire Chief provides written clearance.

Certification and Electronic Signature

Typing your full name below and checking the electronic-signature box indicates your intent to sign this application electronically. The Department may request a handwritten signature or separate screening authorization during processing.

- ☐ I agree that my typed name constitutes my electronic signature for this application.

Applicant typed full name

Date signed

Station Assistant submission email used

Saved file name

Privacy reminder: Send the completed form only to the official Station Assistant email listed on the Department website. Keep a copy for your records. Do not post or share the completed application publicly.

Department Use Only

Application Processing

Date received

☐ Application complete

Received by

☐ Seven-day deadline met

Classification requested

☐ Identity verified

Board and Fire Chief interview date

☐ Board approved

☐ Board denied

Mentor assigned

☐ Board deferred

First reading date

Orientation date and hours

☐ Accepted

☐ Rejected

Verified by

☐ Deferred

Second reading date

Probation start

Probation end

Bylaws provided date

Associate Membership Verification and Fire Chief Clearance

☐ Current fire department employment verified

☐ Firefighter I verified

☐ Firefighter II verified

☐ EVD or EVOC verified

Interior structural firefighting clearance

☐ Cleared

☐ Not cleared

☐ Restricted

Clearance restrictions or conditions

Fire Chief typed name

Clearance date

Chief initials

Probation Review and Notes

☐ Full privileges

☐ Extend review

☐ Inactive recommendation

☐ Dismissal

Processing and probation review notes