



APPLICATION FOR NEW MEMBERS

5th District Volunteer Fire Department, Inc.
Clarksville, Maryland 21029

APPLICATION FOR	_____
Emergency Responder	_____
Non Responder	_____
Diver	_____
Other	_____

PERSONAL DATA

Name _____
Last Middle First (Preferred)

Address _____

City State Zip Code

Phone Numbers () Home / () Work / () Other

() Pager Number E-mail address

Occupation Date of Birth Social Security Number / /

Drivers License Number State Type

Has your driver's license ever been suspended/revoked? Yes No

If yes, explain, giving dates, etc. _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING	
Name	Relationship
Address	
Phone () Home () Work () Other	
Church or name of clergy	Phone Number ()
Doctor's name	Phone Number ()

FIRE/RESCUE EXPERIENCE

1. Have you ever served in another fire department? _____

Name of fire Department Phone Number ()

Address _____

Date(s) of Service _____ / _____
from to

2. List types of fire/rescue vehicle(s) you have been authorized/licensed to drive. (Example: ambulance, ladder truck, etc.)

FIRE/RESCUE EXPERIENCE

3. State the highest rank you have held: _____
4. List any fire science EMS, diving, or related courses (please enclose documentation) you have taken and where/how obtained: (Example: Basic firefighting, EMT, etc.) Please include name of school (course).
- _____
- _____
- _____

EMPLOYMENT

Current Employer _____

Address _____

Phone Number (____) _____ Dates Employed _____/____

Previous Employer _____

Address _____

Phone Number (____) _____ Dates Employed _____/____

Previous Employer _____

Address _____

Phone Number (____) _____ Dates Employed _____/____

EDUCATION

Highest Degree (grade) _____

Name and location of High School _____

Name and location of College/University _____

Special skills, interests, hobbies _____

Other relevant training that should be included in your fire service file _____

REFERENCES

List as character references three persons you have known for at least three years and who are not related to you. May not be past employers.

Name _____ Address _____

Phone Number _____ Position/Occupation _____

Name _____ Address _____

Phone Number _____ Position/Occupation _____

Name _____ Address _____

Phone Number _____ Position/Occupation _____

GENERAL

Have you ever been convicted of a criminal offense in adult court? _____

If yes, give details, including charge, location, and disposition of case.

If the applicant is under 18 years of age, a parent or guardian must complete the following statement:

I do hereby consent that my son/daughter _____ who is _____ years of age may join the active volunteer fire and ambulance service of the Fifth District Volunteer Fire Department, Inc., Clarksville, MD 21029. I release and hold harmless the Fifth District Volunteer Fire Department Inc., its agents, servants and employees from any and all claims and demands which I may have in the future by reason of any injury or damage to my said son/daughter for any reason.

Witness my hand and seal this _____ day of _____, 19 _____

(Seal)

(Seal)

Witness _____ (To be completed by a Notary Public)

I authorize the investigations of all statements made herein. I understand that any false statements or omissions of information requested is cause for rejection of my application. My signature on this application indicates that I have read the job description for the position of _____ and I understand that the job of a firefighter or medical attendant is physically challenging and that my membership is dependent upon my successful completion of a physical examination.

Signature of applicant _____ Date _____

Name and Signature of witness _____ Date _____

ADMINISTRATIVE

References _____

References Confirmed by _____