

Application for Active Membership



Fifth District Volunteer Fire Department, Inc.
Clarksville, Maryland 21029



Personal Data

Date: _____

Last Name _____ First Name _____ Middle _____

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Check Preferred number: Home _____ Cell _____ Work _____

Email: _____ Date of Birth: _____ SSN: _____

Occupation: _____ Employer: _____

Student School: _____ Grade: _____

Drivers License #: _____ State: _____ Class: _____ CDL?

Has your drivers license ever been suspended or revoked? Yes No

If yes please explain:

Emergency Notification

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home No.: _____ Cell No.: _____ Work No.: _____



Fire/Rescue Experience

If you have no prior Fire/Rescue Experience skip to next page.

1. Are you presently a member of another department? Phone number of department : _____

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Dates of Service: _____

2. Have you ever served in another department? Phone number of department: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dates of Service: _____ Phone No.: _____

.....
Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dates of Service: _____ Phone No.: _____

3. Fire/Rescue vehicles you have been authorized to drive:

- Brush Ambulance Engine / Pumper Tanker Squad / Truck Boat

4. Highest rank held: _____

5. List any fire science, EMS, fire, rescue scuba diving, or related courses. Please include dates and name of school. Provide transcripts. For scuba diving courses list highest level of certification and certifying agency, dive specialty courses, list the course and certifying agency:

Employment

Current Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Hired: _____ Phone No.: _____

Previous Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Hire _____ Phone No.: _____

Previous Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Hire: _____ Phone No.: _____

Education

Highest grade or degree: _____

Name and location of High School: _____

Name and location of College: _____

Skills, interests, hobbies:

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



Military Services

Active Retired Reserve National Guard

Branch of Service: _____ Date of Service: _____

Other Volunteer Work / Organizations

List the work and organizations you have participated with:

References

List as three character references who you have known for at least three years and who are not related to you:

Reference Name: _____ Phone No.: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Position/Occupation: _____

Reference Name: _____ Phone No.: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Position/Occupation: _____

Reference Name: _____ Phone No.: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Position/Occupation: _____

General Background

Have you ever been convicted of a criminal offense in adult court? Yes No

If yes, give details. Include charges, location, and disposition of case:

Authorization

I authorize the investigations of all statements made herein. I understand that any false statement/s or omission of information requested is cause for rejection of my application. My signature on this application indicates that I have read the job description of the position of Fire fighter/EMT and I understand that the job of a Firefighter, Emergency Medical Technician, or Rescue Diver is physically challenging and that my membership is dependent upon my successful completion of a physical examination.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Printed Name: _____

Applicants Under Age 18

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 rescue services of the Fifth District Volunteer Fire Department, Inc., Clarksville, MD. I release and hold harmless the Fifth District Volunteer Fire Department, Inc., it's 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.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Notary Signature: _____ Notary Number: _____

