

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

Welcome Membership Applicant:

We would like to take this opportunity to welcome you to our Department. This packet includes everything you will need to apply to the Fifth District Volunteer Fire Department, Inc. The following is an explanation of the complete application process.

1. First step is to completely fill out the enclosed application. Please be sure to complete all the sections.
2. When the application is completed, you may save it and email a copy to [membership@fdvfd.com](mailto:membership@fdvfd.com). However, you must **print a copy**. A printed copy, with original signatures, must be returned in person to the department.
3. Upon receipt of the above information and completed application form a member of the Membership Committee will contact you for an interview.

The following will explain the entire application process to you once we receive your completed application, the MVA record and documentation..

- a. Application is reviewed and applicant is contacted for an interview. **THIS PROCESS MAY TAKE UP TO THREE WEEKS.** If you have not been contacted within three weeks, please contact the station at 410-313-7215 to determine the status of your application.
- b. The department will conduct a background check and MVA driving record check.
- d. You will then meet with the Board of Directors for an interview.

If at any time you have any questions regarding the application process or about the status of your application please feel free to contact the Department at (410) 313-7215.

Thank you for your cooperation and patience throughout the membership process.

Sincerely,

The Membership Committee

# Application for Supporting Membership

5th District Volunteer Fire Department, Inc.

Clarksville, Maryland 21029

## Personal Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number  Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

email \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Student School \_\_\_\_\_ Grade \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

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

If yes, explain,  
dates, etc.

\_\_\_\_\_

### Emergency Notification

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

# Employment

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Hired \_\_\_\_\_

Skills, interests, hobbies

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## Other Volunteer Work or Organizations

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## References

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

Reference \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Position/Occupation \_\_\_\_\_

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

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

*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.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### **Applicants Under Age 18**

Parent/ Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Notary Signature

\_\_\_\_\_ Notary's Number

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 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.