



MIDDLEBOROUGH VOLUNTEER FIRE COMPANY, INC. APPLICATION FOR MEMBERSHIP

_____ Fire Member (Check all that apply)	_____ EMS Member	_____ Associate Member
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PERSONAL INFORMATION:

Name _____
Last First Middle

Current Address: _____
Street Address Space/Apt# City State Zip Code

Social Sec. #: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Provider: _____

Date of Birth: _____ Current Age: _____

Is your Driver's License Current? Yes No If Yes, State of Issue: _____ Class: _____

Height (Optional) _____ Weight (Optional) _____ Color Eyes (Optional) _____ Color Hair (Optional) _____

Have you ever been a member of this or any other Volunteer Fire Company? Yes No
If yes, please complete below:

Name of Company: _____ Dates: _____

Reason for Leaving: _____

To your knowledge, do you have any physical or mental defects which would prevent you from fully and safely performing the duties of a Volunteer Firefighter/EMT? Yes No

Why do you wish to become a member of the Middleborough Volunteer Fire Company:

EMPLOYER INFORMATION

Employer's Name: _____ Occupation: _____

Employer's Address: _____
Street Address City State Zip Code

EMPLOYMENT BACKGROUND

Name of Business	Type of Work	Employment Dates	Reason for Leaving

EDUCATIONAL BACKGROUND

Type of School	Name of School	Location (City/State)	# of Yrs Completed	Degree/Certificate

Please list any additional skills and/or all certificates, documents, licenses, and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services:

BACKGROUND INFORMATION CHECK

1. Are you currently on any form of Probation or Parole? Yes No
2. Have you ever been convicted of a Felony or Misdemeanor? Yes No
3. Do you currently have any charges pending? Yes No
4. If you answered "YES" to questions 1-3, provide the following information:

Date of Offense	City/State	Charge	Sentence

5. Has your driver's license ever been suspended or revoked? Yes No. If yes, please provide details.

Date of Offense

City/State

Violation

6. Do you have any points on your license? Yes No. If yes, how many? _____

EMERGENCY CONTACTS

Please provide at least one (1) emergency contact:

1. _____

Name	Phone Number	Relationship	
_____	_____	_____	
Street Address	City	State	Zip Code
_____	_____	_____	_____

2. _____

Name	Phone Number	Relationship	
_____	_____	_____	
Street Address	City	State	Zip Code
_____	_____	_____	_____

3. _____

Name	Phone Number	Relationship	
_____	_____	_____	
Street Address	City	State	Zip Code
_____	_____	_____	_____

REFERENCES

1. _____

Name	Address/City/State/Zip	Phone Number
_____	_____	_____

2. _____

Name	Address/City/State/Zip	Phone Number
_____	_____	_____

3. _____

Name	Address/City/State/Zip	Phone Number
_____	_____	_____

APPLICANTS CERTIFICATION AND RELEASE

All written and expressed statements on this application are in fact true to the best of my knowledge. I understand that falsification of information is grounds for disqualification. I authorize the Middleborough Volunteer Fire Company, Inc, and any of its agents to verify any information on this application and I authorize release of such information. I release the Middleborough Volunteer Fire Company, Inc. from any liability for seeking such information.

I agree to faithfully execute the duties of a volunteer Firefighter/EMT and abide by the laws, regulations, procedures, policies of the Middleborough Volunteer Fire Company Inc., and the Baltimore County Fire Department. I understand that this application is for a volunteer position within the Middleborough Volunteer Fire Company, Inc. where no vested interest in employment is created. A volunteer Firefighter/EMT is not an employee of the Baltimore County Fire Department.

I, the applicant, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the state of Maryland against all enemies foreign and domestic; and that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Maryland; that I take this obligation freely, without any mental reservation or promise of evasion; and that I will well faithfully discharge the duties upon which I am about to enter.

I understand that my application fee is considered ***non-refundable***, payable in check or money order **or cash.** I understand that I must submit to a pre-employment drug screening which is required to be completed prior to being granted full PROBATIONARY status.

By signing, you have agreed to the terms and conditions of this application.

Applicant Signature: _____

Date: _____