

**Huntingtown Volunteer Fire Department
And Rescue Squad, Inc.**

P.O. Box 482, Huntingtown, MD 20639
Phone: 410-535-3427 Fax: 410-535-4438

APPLICATION FOR MEMBERSHIP

APPLICANT PLEASE READ:

Please print in ink or use a typewriter. All information submitted is subject to verification. A false statement may result in disqualification for membership either now or at a later date.

TYPE OF APPLICATION: NEW REINSTATE TRANSFER Other _____

TYPE OF MEMBERSHIP: REGULAR JUNIOR CADET Affiliate Other _____

FULL NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
Street city MD State Zip

PHONE (____) _____ (____) _____ (____) _____
Home Cell Work

SOCIAL SECURITY NUMBER: ____-____-____ GENDER _____ Date Birth _____

E-MAIL ADDRESS _____

Have you ever been convicted of a misdemeanor or felony or are you under charge for a misdemeanor or felony or currently serving a Probation before Judgement?
() Yes () No If yes, list all such offenses and state date, place and action taken:

NOTE: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and date it occurred is important. Give all of the facts so that a decision can be made.

EDUCATION

HIGH SCHOOL: _____ Years Attended: _____ Date Graduated: _____

COLLEGE: _____ Years Attended: _____ Number of Credits _____
or Date Graduated _____

FIRE /EMS/RESCUE TRAINING AND SCHOOLING:

Type and Name of Course School Date

USE ADDITIONAL PAGES, IF NECESSARY

FULL NAME: _____
 LAST **FIRST** **MIDDLE**

LICENSES

Do you have a valid Maryland Driver's License? Yes No

Driver's License Number _____ State _____ Class _____

Current Points _____ Number of accidents in the past 3 years _____

Have you ever been convicted or posted collateral/bail for any traffic violation?

Yes No If yes, list all such offenses with date, place and action taken:

EMPLOYMENT INFORMATION

Current Employer _____ Supervisors Name _____

Address _____
 Street city State Zip

Former Employer _____ From _____ To _____

Address _____
 Street city State Zip

Reason for Leaving _____

Former Employer _____ From _____ To _____

Address _____
 Street city State Zip

Reason for Leaving _____

Former Employer _____ From _____ To _____

Address _____
 Street city State Zip

Reason for Leaving _____

List at least five (5) years employment, or explain if you do not have five (5) years of employment. Attach another sheet if necessary.

I understand that this application is the property of the Department and will become part of my personnel file if I am accepted as a member. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize the Department to obtain a complete driving history.

POLICY STATEMENT: The Department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job, or any other prohibited reason. Successful applicants will be selected by the Membership Committee after a full review of this application and additional information developed during background checks. Applicants may be disqualified for criminal conduct.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT

DATE

Signature of Parent/Guardian

DATE

(If applicant is under 18 years of age)

[NOTARY Required for parents signature]

HVFD Sponsor

HVFD Sponsor

HVFD Sponsor

APPLICATION INSTRUCTIONS

Attached you will find an application for the Department, a State of Maryland Request for Criminal Record Check and an Authorization for Release of Personal Information. These forms must be completed before your application will be considered.

- * **APPLICATION FOR MEMBERSHIP** - Please complete each section of this form. If additional space is needed for a section or question, additional pages may be added. If you are under 18 years of age, please have your parent or guardian sign the application.
- * **STATE OF MARYLAND - Request for Criminal Record Check** - Please complete each section.
- * **CALVERT COUNTY - Request for Fingerprint Form** – Please complete each section..

Please return the application in a sealed envelope to the Chairperson of the Membership Committee or the President of the Department. If any of the forms are incomplete, your application will not be accepted.

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