



# Huntingtown Volunteer Fire Department And Rescue Squad, Inc.



P.O. Box 482 \* Huntingtown, Maryland 20639-0482

## AUXILIARY MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Are you available during the day? ( ) YES ( ) NO – Best Contact # \_\_\_\_\_

Are you available during the night? ( ) YES ( ) NO – Best Contact # \_\_\_\_\_

### PLEASE LIST TWO (2) REFERENCES:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*All Volunteer - All The Time !*