Huntingtown Volunteer Fire Department And Rescue Squad, Inc.

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

Thank you for your interest in joining our Department.

Application Instructions

1. **Please take the time to fill out the application in its entirety.**
2. **Please be sure to print or type neatly and legibly.**
3. **If you are under 18 years of age, the application requires a NOTARIZED signature of a parent/guardian.**
4. **Upon completion of this application, you may hand deliver or mail your application to the station. The application will be placed in the secure membership drawer located in the watch office of the station.**
5. **You, the potential member, are expected to attend the next membership meeting. Membership meetings are held on the first Thursday of every month at 19:00 Hours (7 PM) at the station.**
6. **During the membership meeting a brief introduction will be given by the Membership Chairperson; on *you* the potential member.**
7. **When requested you will be asked to stand and give a brief introduction of yourself to the Department membership. This introduction should include who you are, and why you want to join our department.**
8. **When the membership meeting goes into closed session you will not be allowed to remain present in the meeting. Please feel free to take this time to look around the station and meet some new people.**
9. **The next step in your membership process has now begun, this is your tabled membership application period. (This is essentially a 30 day working interview. This allows us to get to know you and you to know us.)**
10. **The first Tuesday after the membership meeting there will be a Newly Tabled member meeting that you are required to attend at 19:00 (7PM), at the station. If you are unable to attend you must make arrangements with an officer or the Membership Chairperson.**

All Volunteer - All The Time!

2/27/22

Huntingtown Volunteer Fire Department
And Rescue Squad, Inc.
P.O. Box 482, Huntingtown, MD 20639
Phone: 410-535-3427 Fax: 410-535-3331

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: _____ _____ MD _____
Street city State Zip

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

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

E-MAIL ADDRESS _____ Preferred method of contact _____

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/MAJOR: _____ Years Attended: _____ Number of Credits _____ or Date Graduated _____

FIRE /EMS/RESCUE TRAINING AND SCHOOLING (**ATTACH CERTIFICATIONS**):
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 – PROVIDE AT LEAST 3 YEAR HISTORY

Current Employer _____ _____ _____
From Date 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

_____

If you are unable to provide 3 years of employment history, please explain.

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

PLEASE LIST ANY SPECIAL SKILLS, TRAINING, OR HOBBIES WHICH MAY BE USEFUL: _____

ADDITIONAL INFORMATION

If you are transferring from another Fire Department or Rescue Squad, what is the name of that Department? _____

Has your service in any Fire Department, Rescue Squad, BLS or ALS organization been terminated for any reason other than retirement or VOLUNTARY resignation? (__) Yes (__) No
If yes, explain (with dates:
_____

Attach a list of all fire departments or Rescue Squads to which you were either a paid or volunteer member. Indicate dates (from/to), any offices held, and any training taken.

List TWO REFERENCES (Who are not relatives or former employers):

Name _____ Name _____

Address _____ Address _____

_____ _____

Phone (Work)_____(Home)_____ (Work)_____ (Home)_____

Physician's Name _____ Date of Last Physical: _____

In Case of an Emergency, Notify
_____
Name Relationship Phone

PLEASE READ CAREFULLY:
In submitting this application for membership to the Department, I authorize investigation of all statements contained therein. I hereby authorize the Department to make any contacts considered necessary to me becoming a member, such as previous employers, educational institutions, medical facilities and practitioner's, criminal records, etc. I authorize any person or organization whose name I have given as a Character reference or by whom I have been previously employed and any educational institution, which I have stated I attended to furnish the Department any information, they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from the Department as a member at any time.

FULL NAME: _____

LAST **FIRST** **MIDDLE**

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

_____ _____

Note: If applicant is under 18, a parent/guardian must sign this application and a NOTARY is REQUIRED for parent/guardian's signature.

I _____ acknowledge that I am the parent/guardian of the applicant and approve of their joining the Huntingtown Volunteer Fire Department and Rescue Squad, Inc.

Print Name _____ Phone number _____

_____ _____

Signature of Parent/Guardian DATE

STATE OF MARYLAND
COUNTY OF _____

Personally appeared before me, a Notary Public, in and for said County and State, on this _____ Day of _____ 20 ____, the within named _____ known to me, or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she (strike one) executed the same for the purposes therein contained.

(Notary Seal)

_____

Signature of Notary Public
My Notary Commission expires: _____