

Burtonsville Volunteer Fire Department, Inc.

P.O. Box 215, Burtonsville, Maryland 20866

(301) 384-4320

Application For Membership

| BURTONSVILLE VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|--------|--|------------------------------------------------------|--------------------------|----------------|-----------------------------|-------------|--------------------------|---------------------|
| 1. Please type, or print legibly using black ink. 2. Ensure that all sections are completed. 3. Mail, or deliver to firehouse in an envelope, clearly marked "MEMBERSHIP COMMITTEE." 4. Be sure to sign & date in Section 8. | | | | | Date Received | | | Committee Member | | | |
| | | | | | Date of Action by Membership | | | Application Disposition | | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | CADET PROB. | <input type="checkbox"/> | FIRE EMS | <input type="checkbox"/> | ASSOCIATE OTHER: |
| SECTION ONE: PERSONAL DATA | | | | | MEMBERSHIP COMMITTEE ACTION | | | | | | |
| Name: Last | | | First | | Middle | | | Home Phone | | Work Phone | Other Phone/Beeper |
| Address | | Number | Street | | Apt. | | City | | State | Zip | |
| Name of BVFD Member Who Recruited Applicant | | | | | Names of Friends/Family Members Who Are BVFD Members | | | | | | |
| SECTION TWO: EMPLOYMENT | | | | | | | | | | | |
| 1 | Current or Most Recent Employer | | | | Month/Year Employment Started | | | Month/Year Employment Ended | | | |
| | Complete Address | | | | Reason For Leaving (Enter N/A if Not Applicable) | | | | | | |
| | Your Title/Position/Job | | | | Name & Title of Supervisor | | | Telephone Number | | | |
| 2 | Prior Employer | | | | Month/Year Employment Started | | | Month/Year Employment Ended | | | |
| | Complete Address | | | | Reason For Leaving (Enter N/A if Not Applicable) | | | | | | |
| | Your Title/Position/Job | | | | Name & Title of Supervisor | | | Telephone Number | | | |
| 3 | Prior Employer | | | | Month/Year Employment Started | | | Month/Year Employment Ended | | | |
| | Complete Address | | | | Reason For Leaving (Enter N/A if Not Applicable) | | | | | | |
| | Your Title/Position/Job | | | | Name & Title of Supervisor | | | Telephone Number | | | |
| 4 | Prior Employer | | | | Month/Year Employment Started | | | Month/Year Employment Ended | | | |
| | Complete Address | | | | Reason For Leaving (Enter N/A if Not Applicable) | | | | | | |
| | Your Title/Position/Job | | | | Name & Title of Supervisor | | | Telephone Number | | | |
| SECTION THREE: REFERENCES | | | | | DO NOT LIST RELATIVES | | | | | | |
| 1 | Person Who Has Known You For Two or More Years | | | | Occupation | | | Number of Years Known | | | |
| | Complete Address | | | | Home Telephone Number | | | Work Number | | | |
| 2 | Person Who Has Known You For Two or More Years | | | | Occupation | | | Number of Years Known | | | |
| | Complete Address | | | | Home Telephone Number | | | Work Number | | | |
| 3 | Person Who Has Known You For Two or More Years | | | | Occupation | | | Number of Years Known | | | |
| | Complete Address | | | | Home Telephone Number | | | Work Number | | | |

SECTION FOUR : EDUCATION & TRAINING

| | | |
|-------------------------------------|--------------------------|-----------------------------------------|
| Name of High School Attended | Year of Graduation/GED | Business or Vocational Schools Attended |
| Name of College/University Attended | Degree/Number of Credits | |

SECTION FIVE: FIRE/RESCUE/EMS EXPERIENCE

| | | |
|---------------------------------------------------------|------------------|------------------|
| Current/Previous Fire-Rescue-EMS Department Affiliation | Membership Dates | Telephone Number |
|---------------------------------------------------------|------------------|------------------|

Complete Address of Fire-Rescue-EMS Department (enter N/A if not applicable)

List Ranks Held By You, As Well As Relevant Training (ie: Basic Fire Fighting, EMT, etc.) Attach Copies of Certificates

Your Current Status With The Organization or Reason For Leaving

SECTION SIX: MISCELLANEOUS INFORMATION

| Yes | No | Place an "X" in the appropriate box. (If you answer "yes" to any question, please explain below.) |
|-----|----|----------------------------------------------------------------------------------------------------|
| | | Have you ever been convicted as an adult, of a criminal offense? |
| | | Have you ever applied for membership in the Burtonsville Volunteer Fire Department before now? |
| | | Have you ever applied, or been turned down for membership in any other Fire/Rescue/EMS Department? |
| | | |
| | | |

Briefly Describe Why You Are Interested In Membership [and] Any Other Comments

SECTION SEVEN : CERTIFICATION AND AUTHORIZATION

I certify that I have read and that I fully understand this application. I also certify that all of the information is true and complete to the best of my knowledge.

By signing this application, I am authorizing the Burtonsville Volunteer Fire Department, through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. By signing this application I am granting the B.V.F.D. access to all records and I authorize the release of all information held by any individual or organization. By signing this application, I am acknowledging that I understand that should any information given on, or as a result of this application, be false, misleading or erroneous, it may result in the the rejection of my application for membership, or in my discharge from the B.V.F.D..

I have reviewed the requirements of membership and I understand that the duties are physically challenging and that my membership will be dependent upon my successful completion of a physical (medical) exam and a drug screening, to be conducted by an agency selected and approved by the Burtonsville Volunteer Fire Department. I also understand that as a part of the application process I will be required to be fingerprinted.

I agree to abide by all Bylaws, Policies and Procedures, Regulations and other directives of the Burtonsville Volunteer Fire Department, as well as all relevant laws, rules and regulations of the Montgomery County Government. I agree to assist, to the best of my ability, in the voluntary work necessary for the operation and maintenance of the Burtonsville Volunteer Fire Department, Incorporated.

I understand that my Social Securrtiy Number could help to expediate the processing of my application and provide it voluntarily. I also understand that my SSN is not required by this application.

| | | | |
|----------------------------------------------------------------------------------|----------------|------|----------------------|
| Signature of Applicant | SSN (Optional) | Date | Signature of Witness |
| Parental Authorization is Required for Any Applicant Under the Age of 18. | | | |

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| Signature of Parent/Legal Guardian | Date | Signature of Witness |
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