REESE & COMMUNITY VOLUNTEER FIRE COMPANY

STATION 9
CARROLL COUNTY, MARYLAND
1745 BALTIMORE BOULEVARD, WESTMINSTER, MARYLAND 21157

MEMBERSHIP APPLICATION

APPLICATION fee - $20 (Attach cash or check)

Full name: _____ DOB/Age: _____
Last First ML

Address: _____ Phone: _____
Street Address Apt/Unit#

_____ Email: _____
City State Zip Code

Sex: MALE/FEMALE (Circle one) SSN: _____

Drivers License #: _____ Expiration: _____

Are you a citizen of the United States? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain?

_____

Have you ever volunteered/worked for another Fire Department/Company? Yes ☐ No ☐ If yes, then who?

_____

Medical Conditions: _____

Reason for applying: _____

Referred by: _____

Education

High school: _____

Did you graduate? Yes ☐ No ☐

College: _____

Did you graduate? Yes ☐ No ☐ Degree: _____

Employment

Name of Employer: _____ Years with: _____

Position held: _____ _____

References

Please list three relatives (No family members)

Full name: _____ Relationship: _____

Years Known: _____ Phone: _____

Full name: _____ Relationship: _____

Years Known: _____ Phone: _____

Full name: _____ Relationship: _____

Years Known: _____ Phone: _____

Military Service

Branch: _____ From: _____ To: _____

IF UNDER 18 YEARS OF AGE – BOTH PARENTS/GUARDIANS MUST SIGN BELOW:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

IN CASE OF EMERGENCY – NOTIFY THE FOLLOWING PERSON:

Name: _____

Phone: _____

Relationship: _____

Disclaimer and signature

As the applicant, I certify that the facts contained in this application are true to the best of my knowledge. I understand that falsified or incomplete statements on this application shall be grounds for non-acceptance or dismissal. As signer of this application, I authorize investigation of all statements contained herein and contacting of the references listed above. Therefore giving Reese VFC any and all information concerning pertinent data and release all parties from liability from any damage that may result.

In addition to the above information, by signing this application I am giving Reese VFC the authorization to complete a full and complete criminal history check to include motor vehicle on myself. I am authorizing this record check on my own free will and emphatically state that no one is forcing or coercing me in any way to have this check conducted. I further agree to forever hold the person conducting this check and Reese VFC completely harmless as to any of the specifics this check may reveal and to any action the membership of Reese VFC may take based on the results of this check.

Signature: _____ Date: _____

Witness Name (PRINT): _____

Witness Signature: _____

REESE VFC USE ONLY

Application Received (Date): _____

Application Received by: _____

Interview Committee: _____

Interview Date: _____ RECOMMEND / NOT RECOMMEND

BOD Date: _____ RECOMMEND / NOT RECOMMEND

General Membership Date: _____ VOTE: YES: _____ NO: _____

ACCEPTED / NOT ACCEPTED