



The Volunteer Fire Company of Halfway, MD, Inc.

Please Print and mail or Fax this to the address below:

11114 Lincoln Ave., Hagerstown, MD 21740

Phone: 301-582-2223 Fax: 301-582-1075

APPLICATION FOR MEMBERSHIP

Date of Application: _____

Position(s) applied for:

- | | |
|---------------------------------------|---------------------------|
| _____ Firefighter | _____ Fund Raiser / Bingo |
| _____ Emergency Medical Services | _____ Administration |
| _____ Junior Member (16-17 years old) | _____ Other _____ |
| _____ Cadet Member (15 years old) | |

Name: _____ SSN: _____
Last First Middle

Address: _____
Number Street

City _____ State _____ Zip code _____

Phone: (H) _____ (W) _____ (Pager) _____

Date of birth (Used for LOSAP purposes only) ____/____/____

Have you filed an application here before? ____ Yes ____ No If yes, give date _____

Have you ever been employed by or been a member of a Fire Department? ____ Yes ____ No

If yes, give name, address, time employed / active and reason for leaving.

Have you ever been employed by or been a member of an Ambulance or Rescue department? ____Yes ____ No

If yes, give name, address, time employed / active and reason for leaving.

* Are you a Veteran? ____Yes ____No

* Are you a member of the reserves or National Guard? ____ Yes ____ No

Branch of Service From-To Occupation

* Optional Information

Have you ever been convicted of a felony? ____ Yes ____ No If yes, explain_____

Are you willing to take a physical examination? ____ Yes ____ No

Are you willing to undergo an alcohol and / or drug test? ____ Yes ____ No

** Education

Name	Years Completed	Diploma / Degree
Grammar School _____	_____	_____
High School _____	_____	_____
College/University_____	_____	_____
Technical School _____	_____	_____
MFRI / Specialized training_____	_____	_____

Attach additional pages as necessary...

Volunteer Fire Company of Halfway Membership Application

If you did not graduate from high school, have you passed an examination and received a high school equivalency certificate from Maryland or any other state? _____ Yes _____ No

Name of state granting certificate of equivalency _____ Date of Insurance _____

** Driver's License Number	Class	State of Issue	Date of Insurance

** Do you currently have any active motor vehicle "points" on your driving record?

Yes _____ No _____ If yes, how many? _____

**This Information must be disclosed ONLY if it is essential to the type of position you are applying for.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignment and volunteer activities. Exclude organization name which indicate race, color, religion, sex or national origin.

1. Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____

Work Performed: _____

Job Title: _____

Supervisor: _____

Reason for leaving: _____

2. Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____

Worked Performed: _____

Job Title: _____

Supervisor: _____

Reason for leaving: _____

3. Employer: _____

Address: _____

Telephone: _____

Dates Employed: From: _____ To: _____

Worked Performed: _____

Job Title: _____

Supervisor: _____

Reason for leaving: _____

Attach additional pages if necessary:

REFERENCES

Please give us three references **ONLY ONE** of which is a relative.

Name _____ Relationship _____

Address _____ City/State _____

Phone _____ Occupation _____

Name _____ Relationship _____

Address _____ City/State _____

Phone _____ Occupation _____

Name _____ Relationship _____

Address _____ City/State _____

Phone _____ Occupation _____

Give a brief statement in your own handwriting explaining why you would like to become a member of this department.

MEMBERSHIP AGREEMENT

PLEASE READ CAREFULLY

I, an applicant of The Volunteer Fire Company of Halfway, Maryland, Inc., do agree to abide by the rules and regulations, and the organizational By-Laws as set forth by this company.

Furthermore, I understand that I will follow the instructions and / or orders of any officers, and shall endeavor to do such at all times.

I also understand that any materials, patches, badges, gear, any identification of any kind shall not be worn after termination of membership with this Company. Also items deemed property of the Company shall be promptly returned to the Chief, or I may face prosecution.

I also agree and permit The Volunteer Company of Halfway, to make all necessary inquires, and investigations related to the validity of these statements which I made on this application for membership.

I also agree and permit The Volunteer Fire Company of Halfway, to conduct all necessary background checks to assure the potential member is in good standing.

I shall at all times, endeavor as to the best of my ability, to serve, protect, and better the organization of The Volunteer Fire Company of Halfway, Maryland, Incorporated.

I also understand that any misrepresentation or omission of facts made on this application shall be considered as cause for dismissal or refusal into the organization.

Signature _____

Parents, if Minor _____

Date _____

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORGIN, AGE, MATIRAL OR VETERANS STATUS, OR PRESENCE OF NON-JOB RELATED PHYSICAL OR MENTAL HANDICAP.