



# FERNDALE VOLUNTEER FIRE COMPANY MEMBERSHIP APPLICATION

Date of application: \_\_\_\_\_

Volunteer Preference (Circle): Associate          EMT          Firefighter          Firefighter/EMT

<b>Full Name:</b>			
<b>Street Address:</b>			<b>Apt:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone (Home):</b>	<b>Work:</b>	<b>Cell:</b>	
<b>Date of Birth:</b>	<b>Age:</b>	<b>E-mail Address</b>	
<b>Emergency Contact Name:</b>			<b>Phone:</b>

**Skills and Interests:**

**Physical Limitations:**

**Education:**

<b>Degree:</b>	<b>School:</b>	<b>Dates Attended:</b>	
<b>License(s) held:</b>		<b>Language(s) Spoken Fluently</b>	
<b>Occupation:</b>		<b>Employer:</b>	
<b>Address:</b>		<b>State:</b>	<b>Zip:</b>

**MILITARY SERVICE:**

**BRANCH:** \_\_\_\_\_ **RANK/GRADE:** \_\_\_\_\_ **DATES OF SERVICE:** \_\_\_\_\_ to \_\_\_\_\_

**Experience (paid and volunteer, beginning with the most recent):**

Position	Organizations	From	To

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Why do you want to be a volunteer at Ferndale?

**References:**

Name	Relationship to You	Contact Phone

**Verification and Consent for Reference and Background Check:**

I verify that, to the best of my knowledge, the information provided in this application is accurate.

I give [name of jurisdiction/agency] permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to [name of jurisdiction/agency].

I hold [name of jurisdiction/agency] harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named [jurisdiction/agency]. I understand that [jurisdiction/agency] will use this information only as part of its verification of my volunteer application and will not provide the information herein to any external individual or organization.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* This file is encrypted and safeguarded for protection of your sensitive personal information.

**Membership Committee:**

Date Interview Conducted: \_\_\_\_\_ By: \_\_\_\_\_

Prior Fire Company Membership:  Y  N      Signature: \_\_\_\_\_

Recommendation for Membership: \_\_\_\_\_

Membership Approval: YES    NO    Date Application Accepted by Membership: \_\_\_\_\_

Anne Arundel County Badge Number: \_\_\_\_\_