



MONTGOMERY COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION



VOLUNTEER MEMBERSHIP APPLICATION

Position applying for: Firefighter/EMS _____ EMS only _____ Live-in _____ HS Cadet _____ Other _____

Referred By: _____ Fire Service ID: _____

Specific Department you are interested in: _____

PLEASE PRINT CLEARLY

PERSONAL DATA:

Name _____

Last

First

Middle

Email Address: _____

Nickname/Preferred Name _____

Home Address _____

City

State

Zip code

Telephone: Day _____ Evening _____ Cell _____

Occupation _____ Social Security _____ - _____ - _____

Driver's License No. _____ State _____ Type _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, explain giving dates, etc.

FIRE/RESCUE/EMERGENCY MEDICAL EXPERIENCE:

Have you ever applied to or been a member of this department or any Montgomery County volunteer department before? Yes _____ No _____

If yes, date applied/membership dates: _____

Reason(s) for leaving: _____

Have you ever served in another fire department, rescue squad or other emergency service organization outside of Montgomery County?

Yes _____ No _____

Name of organization: _____ Telephone No.: _____

Address: _____

City

State

Zip code

State highest rank held or certifications _____

Reason(s) for leaving: _____

TRAINING:

Emergency Service Training/Education/Certification, course title, where taken and number of class hours:
(Examples-Essentials of Firefighting, 125 hours, EMT-B)

EMPLOYMENT:

Current Employer _____

Address _____

City

State

Zip code

Telephone Number _____ Dates employed _____
from to

EDUCATION:

Highest grade completed _____ Name and location of last high school attended _____

Did you graduate? Yes _____ No _____ Date of graduation _____

Date of GED _____

Name and location of college or university attended _____

Number of credits or degree(s) awarded _____

Other relevant training that should be included in your emergency service file _____

Special skills, interests or hobbies _____

Foreign languages spoken and/or read _____

MILITARY:

Have you served or are you currently serving in the US military: Yes _____ No _____

If yes, please list branch of service: _____ Years of service from: _____ to _____

Type of discharge: _____. Please include a copy of your DD-214.

GENERAL:

Have you ever been convicted/sentenced/placed on probation for a criminal offense or traffic offense in an adult court? (minor traffic offenses may be omitted). Yes _____ No _____

If yes, give details, including date, charge, location and disposition of the case. _____

REFERENCES:

Name: _____ Phone #: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

YOUR INTERESTS: (Please check all that apply to your interests and desires when deciding on where to volunteer)

<input type="checkbox"/> Truck Company work		<input type="checkbox"/> Engine company work
<input type="checkbox"/> Rescue squad work		<input type="checkbox"/> In your neighborhood
<input type="checkbox"/> Ambulance - EMT		<input type="checkbox"/> Near work
<input type="checkbox"/> Medic unit- paramedic		<input type="checkbox"/> Near a Metro stop
<input type="checkbox"/> Close to a college		<input type="checkbox"/> Other (specify):

PARENTAL AUTHORIZATION REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18:

Signature of Parent/Legal Guardian _____ Date _____

Signature of Witness _____ Date _____

RELEASE OF INFORMATION:

I, _____ applicant to the volunteer fire and rescue department authorizes the department, the County and/or their agents to confirm the statements and questions answered in this application for purposes of membership in the department. The applicant releases the department, the County and their agents from any harm caused by the investigation of the statement made or information learned while processing this application.

I certify that the information provided in this form is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in a delay or possible rejection of my application for membership.

Signature of applicant _____ Date _____

Printed name of applicant: _____

How did you hear of this volunteer opportunity?

<input type="checkbox"/> Poster		<input type="checkbox"/> County Fair
<input type="checkbox"/> Gazette Ad		<input type="checkbox"/> Internet (specify Website):
<input type="checkbox"/> TV Ad		<input type="checkbox"/> Personal Contact (name):
<input type="checkbox"/> School Event		<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Washington Post Ad		<input type="checkbox"/> MSFA Convention Ocean City

Thank you for your interest! You will be hearing from us right away!

****OFFICE USE ONLY****

Application Received on: _____
 LFRD: _____ Sent: _____
 Recruiter: _____