

ISSUED BY: _____ DATE: _____ CATEGORY: _____ GEAR#: _____



**LAYTONSVILLE
DISTRICT VOLUNTEER FIRE
DEPARTMENT, INC.**

APPLICATION FOR MEMBERSHIP

FULL NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ WORK PHONE: (____) _____
SSN: _____ APPLYING FOR: EMS FIREFIGHTER
 CADET ADMINISTRATIVE

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
PHONE(S): (H): _____ (W): _____

EQUAL EMPLOYMENT OPPORTUNITY: The Laytonsville District Volunteer Fire Dept., Inc. values diversity in the workplace. Men and Women of all ages, cultural and ethnic backgrounds, religious and political affiliations, national origins, and persons with disabilities are encouraged to apply.

TO APPLY: Complete and submit this official Laytonsville DVFD application for membership form. Application shall be completed in full. We may wish to contact you by mail or phone. It is your responsibility to ensure contact information is correct and current. Officer personnel cannot write on applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communication.

This application is not a guarantee of membership nor an offer or membership.

FIRE/RESCUE & EMS EXPERIENCE

HAVE YOU EVER APPLIED TO OR BEEN A MEMBER OF THIS DEPARTMENT BEFORE?
___ YES ___ NO DATES: _____

HAVE YOU EVER SERVED IN ANOTHER FIRE/RESCUE DEPARTMENT?
___ YES ___ NO IF YES, COMPLETE THE FOLLOWING:

NAME OF FIRE/RESCUE DEPARTMENT: _____

ADDRESS: _____

PHONE# () _____ DATE(S) OF SERVICE: _____

TYPES OF FIRE/RESCUE VEHICLES LICENSED TO DRIVE:

HIGHEST RANK YOU HAVE HELD: _____

OTHER POSITIONS: _____

LIST ANY FIRE/RESCUE/EMS OR RELATED COURSES YOU HAVE TAKEN, WHERE/HOW
OBTAINED AND DATES:

EMPLOYMENT

CURRENT EMPLOYER: _____ PHONE# () _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ POSITION: _____

NAME OF CONTACT/POSITION TITLE: _____

FORMER EMPLOYER: _____ PHONE# () _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ POSITION: _____

NAME OF CONTACT/POSITION TITLE: _____

FORMER EMPLOYER: _____ PHONE# () _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ POSITION: _____

NAME OF CONTACT/POSITION TITLE: _____

PERSONAL DATA

NICKNAME/PREFERRED NAME: _____

ARE YOU AT LEAST 18 YEARS OLD? YES ___ NO ___ D.O.B: _____

CURRENT OCCUPATION: _____

U.S. CITIZEN? YES ___ NO ___; IF NO, PLEASE INDICATE RESIDENT STATUS: _____

DRIVERS' LICENSE#: _____ STATE: _____ TYPE: _____

HAS YOUR DRIVERS' LICENSE EVER BEEN SUSPENDED OR REVOKED? YES ___ NO ___

IF YES, EXPLAIN WHY, GIVING DATES, ETC.

GENERAL

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME(S) OTHER THAN MINOR TRAFFIC CITATION(S)? _____

IF YES, WHEN, WHERE, AND WHAT WAS THE DISPOSITION OF THE OFFENCE?

REFERENCES

READ CAREFULLY: LIST AS CHARACTER REFERENCES THREE (3) PERSONS YOU HAVE KNOWN FOR AT LEAST THREE (3) YEARS, AND WHO ARE NOT RELATED TO YOU. MAY NOT BE PRESENT OR PAST EMPLOYERS.

NAME: _____ PHONE: () _____

FULL MAILING ADDRESS: _____

NAME: _____ PHONE: () _____

FULL MAILING ADDRESS: _____

NAME: _____ PHONE: () _____

FULL MAILING ADDRESS: _____

CERTIFICATION AND AUTHORIZATION: I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose material misrepresentation, omissions, or falsification, my application may be rejected, or if I am a member, my membership and all rights and privileges of my membership may be immediately terminated. My signature on this application indicates that I have read the description for the volunteer positions available to me and I understand that the position of a Firefighter or EMS member is physically challenging and that my membership is dependent on my successful completion of a physical examination to be conducted by Montgomery County's Occupational Medical Section, and I receive a favorable background investigation.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the confirmation of these statements to release such information necessary for verification. I release any individual, institution, business, or organization from liability for damages which might arise from the release of pertinent information.

I have read, or have had read to me, the statements above and by my signature agree to these provisions.

SIGNATURE OF APPLICANT: _____ DATE: _____

DATE: _____
Signature of parent or legal guardian of applicants under age 18

ADMINISTRATIVE USE ONLY
Documents – Dates of Receipt

Application received: _____ Physical: _____ FBI Check: _____

Reference letters sent: _____ Work permit: _____ CJIS Check: _____

Medical Request faxed: _____ References: _____

Interviewed: _____ by: _____ Membership Date: _____

VOLUNTEER APPLICANT PHYSICAL INFORMATION
(to be faxed to 240-777-2414, Attn: Ruthie Wills, DVFRS by the Membership Chair)
No physicals will be scheduled without this information

DEPARTMENT NAME: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Number) (Street) (P.O. Box)

(City) (State) (Zip Code)

Home Phone: _____ **Alt Phone:** _____
(include area code) (include area code)

Date of Birth: ____ / ____ / ____

SSN: ____ - ____ - ____

Email Address: _____

How did you find out about volunteering?: _____
(i.e. – Station Sign, Internet, Friend, Gazette Ad, Radio/TV, etc.)

PARENTAL CONSENT FORM

To: Montgomery County Employee Medical Examiner

I am parent/legal guardian of _____ . I
(volunteer applicant)

Hereby authorize the Montgomery County Occupational Medical Section to give the above named individual a medical examination which includes a chest x-ray, an exercise treadmill test, the drawing of blood and a tuberculin skin test. This medical examination is in connection with the participation as a volunteer by the above named individual with

the _____ . I hereby consent to the above named
(corporation)

Individual performing hazardous work as a firefighter/rescuer/EMT for

_____. I further certify that the above individual is
(corporation)

at least 16 years old and has completed or will be taking a course of study about firefighting, rescue, or basic emergency care.

Signature of Parent or Guardian

Date

Laytonsville District Volunteer Fire Department

Member Name: _____

Member's Signature: _____

Member's Initials: _____

Date: _____

Laytonsville District Volunteer Fire Department

Member Name: _____

Member's Signature: _____

Member's Initials: _____

Date: _____