

Commitment Agreement

To the Officers, Board, and members of the Arundel Volunteer Fire Department (AVFD). I present myself as a candidate for membership, and if accepted, I will cheerfully subscribe to the constitution, bylaws, orders, and procedures of the AVFD.

I understand that volunteering can be a rewarding experience but there are certain obligations I must meet in order to remain in good standing in the department. I agree to attend the monthly meeting and drills, to complete EMS Basics or Fire Fighter I training within the first year of my membership; to assist with the department's public and community relations efforts; and to assist with maintenance and other tasks as assigned. I understand that it is expected that I will attend a combination of at least three events during my six months of probation. The events can include drills, company meetings, fundraisers, station cleanups, tours of the firehouse, and community relations events. I have read and fully understand the current staffing policy. If I cannot meet an obligation, I will notify the appropriate officer or the Chief immediately to request to be excused. I further agree to carry through with any responsibilities that I may take on as a member. If I fail to meet the obligations, I realize that my membership may be suspended or terminated by the Chief or the President.

I promise that while I am performing volunteer duties, I will act responsibly, ethically, and maturely. I understand that at certain times, information I obtain as a firefighter and EMT must be kept confidential, and I promise not to breach confidentiality. I will also proudly wear my uniform in a clean and professional manner. I will do my best to protect and serve members of my community, and I will support the department to the best of my ability. I will remember that safety is a priority while performing my duties in this department.

I promise to pay annual dues to the department when due. I also promise to return all items issued to me by the AVFD. I understand that I am in a probationary, non-voting status during my first six months as a member in the department. The probationary period ends only after an affirmative vote by the general membership of the AVFD.

If I find it necessary to terminate my membership with the department, I promise to notify the Chief in writing.

By my signature, I understand and agree to carry out the promises made above.

Signature _____ Date _____

ARUNDEL VOLUNTEER FIRE DEPARTMENT 2380 Davidsonville Road
Gambrills, MD 21054

(301) 261-0060 (410) 222-8207

Application for Membership

Date: _____ Area of interest; Fire ___ E.M.S. ___ Active Non-Riding ___

Personal Data

Name: _____

Last Suffix First Middle

Nickname/Preferred Name _____ Sex: M / F

Social Security Number _____ - _____ - _____ Birthdate: ____/____/19____

Home Address:

Street Apt City State Zip

Home Phone Number: (_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____- Other: (_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

Best time to contact? _____

Preferred number to use _____

E-mail: _____

Occupation _____

Work Phone Number:(_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

Driver License No.: _____ State: _____ License

type: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name _____

Relationship _____

Address _____

Street Apt City State Zip

Phone Number: (_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____- (_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____- (_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

FIRE/EMS EXPERIENCE

Have you ever applied, or been a member of the Arundel Volunteer Fire Department before? _____

If yes, date applied: ____/____/____

Have you ever served in another FIRE/EMS department? Yes No

If yes, complete the following:

Name of department(s) (Use additional sheets if needed.) _____

Phone Number: (_____)_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

Address: _____

Dates of Service ____/____/____-____/____/____ _____

From To

List types of FIRE/EMS vehicle(s) you have been authorized/ licensed to drive

(Example: Ambulance, Ladder-Truck, etc...)

A. _____

B. _____

C. _____

State highest rank you have held: _____

List any Fire, EMS, Rescue or related courses you have taken and where/ how obtained:

(Example: Basic Firefighting, Emergency Medical Technician etc...)

(Name of School , course, etc...)

A. _____ B. _____

C. _____ D. _____

E. _____ F. _____

Attach photocopy of any certificates earned.

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

AVAILABILITY

Our members are the core and essence of the AVFD. Participation is key in maximizing your fulfillment of this volunteering endeavor. If possible, list days and times you would consider participating in standbys, company functions or other activities at Arundel Volunteer Fire Company.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

REFERENCES

Please list at least two professional and one personal reference.

_____ Name Phone

Type of Reference (Outcome)

_____ Name Phone

Type of Reference (Outcome)

_____ Name Phone

Type of Reference (Outcome)

GENERAL

Have you ever been convicted of a criminal offense in an adult court? _____

If so, give details, including charge, location, and disposition of case. _____

I hereby authorize Anne Arundel County and/or the Arundel Volunteer Fire Company to investigate any and all statements made herein. I understand that any false statements or an omission of information requested is cause for rejection of my application.

I agree to abide by the constitution and Bylaws of the company and all rules and regulations set forth by the board of Directors and Company.

My signature on this application indicates that I understand that the job of a firefighter or medical attendant is physically challenging and that my membership is dependent upon my successful completion of a physical examination to be conducted by Anne Arundel Medical Review Services.

Membership Dues of \$20.00 for the first year need to be paid at the membership committee meeting.

Signature of Applicant: _____ Date: ____/____/20____

Parental Authorization required for all applicants under the age of 18

Signature of Parent/Legal Guardian: _____

Date: ____/____/20____

Signature of Witness: _____ Date: ____/____/20____

Administrative Only (Additional info. refer to tracking form)

(Signature of Approval, if denied explain in space provided)

Signature of Membership: _____ Date: ____/____/20____

Signature of Chair: _____ Date: ____/____/20____

Contacted Member

Scheduled Meeting/Interview

Comments of Meeting/Interview

Scheduled Company Meeting

Results of Company Meeting

Signed up for classes

Date eligible for full membership