



MT. AETNA VOLUNTEER FIRE DEPT. **APPLICATION FOR MEMBERSHIP**

Instructions:

1. Please fill out this form completely and truthfully. Print legibly.
2. Carefully read and sign the membership agreement on the last page.
3. If you are under 18 years old, your parent or legal guardian must also sign.
4. Return the completed form to: Mt. Aetna Vol. Fire Dept., 10305 Crystal Falls Dr., Hagerstown, MD 21742.
5. Failure to complete this form legibly and completely will delay processing of your application.
6. If you have any questions, stop by the fire station or call 301-797-5555.

Today's Date _____

Personal Information

Name: Last	First	Middle	Suffix (Jr., III, etc.)	Nickname
Home Address:				
Home Phone:		Work Phone:		
Cell Phone:		Other Phone or Pager:		
Email Address:				
Social Security Number:				
Date of Birth:		Place of Birth:		
Driver's License Number:		State:	Class:	
Are you a U.S. Citizen?	If not, are you a legal resident?		Race (optional):	
Emergency Contact Person:			Relationship to you:	
Emergency Contact Person Phone Number(s) and Address:				

Education

Are you a high school graduate?	If yes, month and year of graduation:	Name/location of high school:
Do you have a GED?	If yes, date completed:	If not a high school graduate or GED recipient, or if you are still in high school, what is your highest grade completed?

Enter below any colleges, universities, technical, trade or other post-secondary schools attended (use an extra page if necessary).

Name of school	City/State	Dates attended	Graduate?	Major	Degree

Fire/Rescue/EMS Training

Enter below all Firefighter, EMT, First Responder or other applicable fire/rescue/EMS training you have received (use an extra page if necessary) and please attach copies of all current certifications, licenses, or other training records to this application.

Type of certification/license/training	Date received	Expiration date	Jurisdiction where received

Employment Record

_____ **Check here if currently unemployed and NOT attending school**

List your current employer first. If less than 5 years at present employer, please include all previous employer(s) in the last 5 years. Use an extra page if necessary.

Employer Name	Your Position	Dates Employed	Supervisor	Phone Number

Personal References

Please list at least 2 personal references we can contact. These persons should NOT be related to you and should NOT be your current employer. They should be able to comment on your character.

Name	Telephone and/or Email Address	Occupation/Title

Fire/Rescue/EMS Memberships

Please list all current and former Fire/Rescue/EMS organization memberships. Use an extra page if necessary.

Name of Department/Company	County/City/State	Your Position(s)	Dates of Membership	Reason for leaving

Criminal History

Have you ever been taken into custody and held for investigation by any law enforcement agency?

NO _____ YES _____ If yes, explain: (use an extra page if necessary)

Have you ever been convicted of a crime?

NO _____ YES _____ If yes, explain: (use an extra page if necessary)

Are you currently on probation OR do you have any active charges that have been placed on a Stet docket?

NO _____ YES _____ If yes, explain: (use an extra page if necessary)

Medical Information

Your Doctor's Name

Doctor's Phone

Medications

Allergies

Do you have any physical limitations that may affect your ability to perform fire/rescue/EMS operations?

NO _____ YES _____ If yes, explain:

Blood Type

Are you currently in good health? NO _____ YES _____

Interest Areas

Please check the activities in which you are interested in participating. Check all that apply. Please note that ALL members are required to assist with fundraising activities. However, some members participate exclusively in such non-operational areas.

_____ Fire-Rescue Operations

_____ Emergency Medical Operations

_____ Administrative Duties

_____ Fundraising Activities

_____ Other – Please explain:

Remarks

Use this space for any comments you wish to add to your application.

MT. AETNA VOLUNTEER FIRE DEPARTMENT MEMBERSHIP AGREEMENT

I hereby affirm that all the information provided by me on this application is truthful and accurate to the best of my knowledge and ability. I authorize the Mt. Aetna Volunteer Fire Department (“MAVFD” or “the department”) to investigate and confirm the statements and information contained on this application. I understand that any inaccurate, falsified or misleading information or the omission of facts or statements may result in rejection of this application or dismissal from the department.

I authorize MAVFD to conduct a criminal background check on me. I also authorize MAVFD representatives to contact current and past employers and the persons listed as personal references on this application and to confidentially gather and maintain their evaluations of me in respect to my character and fitness for the position for which I am applying. In consideration of being considered for membership in MAVFD, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the employers and references contacted and MAVFD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same, however it may be recorded.

I understand that as part of the application process, I will be interviewed by a representative (or representatives) of MAVFD and that the interview will be considered, along with this application and other information gathered by the department, as factors to determine my suitability for membership.

I understand that my membership in MAVFD is subject to a majority vote by the members of the department and that as a new member I will serve a probation period of 6 months, commencing on the date I am voted into membership.

If accepted into membership, I hereby agree to abide by the rules and regulations, charter, bylaws, and policies of the Mt. Aetna Volunteer Fire Department.

I understand that any and all information obtained about me by MAVFD shall become part of my personal file and will remain confidential. I also understand that this application and any interviews conducted by MAVFD are not intended to form or imply any type of membership contract between myself and the department. I understand that during my probationary period MAVFD reserves that right to terminate my membership at any time, for any reason. Termination after any probationary period served shall be conducted pursuant to department bylaws, policies and procedures.

The Mt. Aetna Volunteer Fire Department abides by the Americans with Disabilities Act and will not discriminate due to physical disabilities, as well as age, sex, religion, race or national origin.

I understand and agree that any property issued to me by MAVFD shall be returned to the department should I be declared an Inactive Member or upon termination of my membership.

Applicant’s Signature _____ Date _____

Parent/Guardian Signature if a minor _____ Date _____

Do not write in this space			
Interviewed by _____		Date _____	
Probationary Membership:	ACCEPTED _____	DENIED _____	Date: _____
Active Membership:	ACCEPTED _____	DENIED _____	Date: _____