

MEMBERSHIP APPLICATION

Brunswick Volunteer Ambulance & Rescue Co. Membership Application

Type of BVAR Membership: Active Member Social Member Auxiliary Cadet

First Name _____ MI _____ Last Name _____
_____-_____-_____ M F _____/_____/_____
Social Security Number Gender Date of Birth Age
_____(_____)_____-_____(_____)_____-_____
Home/Cell Phone (primary) Work/Cell/Other Phone Cell Phone Provider

E-mail Address _____

Street Address _____ Apt. _____

City _____ State _____ Zip Code _____

Fire / Rescue / EMS Background

Have you ever applied with another Fire / Rescue / EMS Company? YES _____ NO _____
If YES, Name of the Department/Company: _____

Street Address _____

City _____ State _____ Zip Code _____
_____(_____)_____-_____
Telephone # _____ Dates of Service: _____ to _____
month / year month / year

Education History

High School _____ Grade Completed: _____ Graduation / GED Date: _____

Street Address _____

City _____ State _____ Zip Code _____

College Attended _____ Credits Earned: _____ Degree Earned: _____

Work History

Current Employer: _____ Position Title: _____

Street Address _____

City _____ State _____ Zip Code _____

____ (____) _____ - _____ Dates Employed: _____ to _____

Telephone# _____

Previous Employer: _____ Position Title: _____

____ (____) _____ - _____ Dates Employed: _____ to _____

Telephone # _____

Driving History

Do you have a Driver's License? YES _____ NO _____

Driver's License Number: _____ State: _____

Class Endorsement Code: _____ Restriction Code: _____

Number of years driving? _____

Driver's License ever been: suspended revoked traffic violation? YES _____ NO _____

If YES, please explain: _____

Criminal History

Do you have a criminal record? YES _____ NO _____

If YES, please explain: _____

Personal References

List three character references whom you have known for at least 3 years and who are not related to you and have not been a past employer.

1. Name: _____ Phone# ____ (____) _____ - _____

Address: _____

2. Name: _____ Phone# ____ (____) _____ - _____

Address: _____

3. Name: _____ Phone# ____ (____) _____ - _____

Address: _____

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Emergency Contacts / Beneficiary

Primary Emergency Contact or Closest Relative:

_____ First Name		_____ MI	_____ Last Name	
_____ Street Address				_____ Apt.
_____ City		_____ State		_____ Zip Code
(____)____-____ Home Phone	(____)____-____ Work / Cell / Other Phone	_____ Relationship		

Primary Beneficiary:

_____ First Name		_____ MI	_____ Last Name	
_____ Street Address				_____ Apt.
_____ City		_____ State		_____ Zip Code
(____)____-____ Home Phone	(____)____-____ Work / Cell / Other Phone	_____ Relationship		

CONSENT

- I agree to a Motor Vehicle record check for this application.
- I agree to Criminal Record background check for this application.
- I agree to be interviewed by the BVAR Membership Committee before my application can be acted on.
- A new member fee of \$8.00 for Active, \$15.00 for Social Members, \$10.00 for Auxiliary, \$5.00 for Cadets accompanies this application and I understand that it serves as my membership dues for one year. I am also aware that this fee will be returned to me if this application is not accepted and if accepted renewal fees are due Dec 31st each year for Active, Social and Cadet members. Auxiliary dues are due on the first Monday of January.
- I have read and filled out this entire application for BVAR Membership and certify that ALL information in this application is **TRUE** and **CORRECT** to the best of my knowledge.

_____ Applicant Name (printed)	_____ Applicant Signature	_____ Date
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Please make sure this form is filled out in its entirety and fee included before submitting.

Submit application by mail or drop off in envelope to:

Brunswick Volunteer Ambulance and Rescue Company	
ATTN: Membership	ATTN: Auxiliary
200 West Potomac Street	or 200 West Potomac Street
Brunswick, MD 21716	Brunswick, MD 21716

FOR COMMITTEE USE ONLY

Committee Action: Approved YES ___ NO ___ Date: _____
If NO, please explain: _____

Company Action: Approved YES ___ NO ___ Date: _____
If NO, please explain: _____

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