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| Date: | First Name: | | | | | | | Middle: | | | | | | | | | | | Last: | | | | | | |
| Home Phone:      -     - | | | Cell Phone:      -     - | | | | | | | | | Email Address: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | City: | | | | | | State: | | | | | | Zip Code: | |
| How long have you lived at this address?: | | | | | | Social Security #:      -    - | | | | | | | | | | | | Date of Birth: | | | | | | | Age: |
| Do you have a High School Diploma or GED?:  Yes  No | | | | | | Name of School: | | | | | | | | | | | | Location of School: | | | | | | | |
| Month/Year Graduated: | | Marital Status (optional):  Single  Married  Separated  Divorced | | | | | | | | | | | | | | | | | | | | | | | |
| Next of Kin: | | | | Relationship: | | | | | | | | | | | | Phone Number:      -     - | | | | | | | | | |
| Employer: | | | | Work Phone:      -     - | | | | | | | | | | | | Work Hours: | | | | | | | | | |
| Employer Address: | | | | | | | | | City: | | | | | | | | | | State: | | | | Zip Code: | | |
| Do you have any handicaps or medical conditions?:  Yes  No | | | | | | | | | | | | | | | If yes, explain: | | | | | | | | | | |
| Have you ever been arrested?:  Yes  No | | | | | | | If yes, explain in detail: | | | | | | | | | | | | | | | | | | |
| Have you ever been in the Military Services?:  Yes  No | | | | | | | | | | | If so what type of discharge did you receive?:  Honorable  Dishonorable | | | | | | | | | | | | | | |
| Have you ever been a member of a Volunteer Fire Department or Rescue Squad?:  Yes  No | | | | | | | | | | | If previous member in Maryland, provide LOSAP Number: | | | | | | | | | | | | | | |
| Name of Department: | | | | | | | | | | | Chief Officer: | | | | | | | | | | | | | | |
| Department Address: | | | | | | | | | | | City: | | | | | | State: | | | | | | Zip Code: | | |
| Have you ever had any prior training in Firefighting or First Aid?  Yes  No  (If so, please attach copies of any training records). | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid Maryland Drivers License?:  Yes  No | | | | | | | | | | Drivers License #:    -     -     -     - | | | | | | | | | | Class:  A  B  C | | | | | |
| Have you ever had your license suspended or revoked?:  Yes  No  If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Membership Status you are applying for:  Cadet  Junior  Senior  Administrative  Note: If you are between the ages of Sixteen (16) and Eighteen (18), you will serve as a Junior Member until you reach your Eighteenth (18th) Birthday. You must have parental consent to join. All members must serve a nine-month probationary period before being voted as an active member by the membership. | | | | | | | | | | | | | | | | | | | | | | | | | |
| References (please list three (3) personal references who are not relatives): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Address: | | | | | | | | | | | | | | | | | | | | |
| Phone:      -     - | | | | | City: | | | | | | | | State: | | | | | | | | Zip Code: | | | | |
| Name: | | | | | Address: | | | | | | | | | | | | | | | | | | | | |
| Phone:      -     - | | | | | City: | | | | | | | | | State: | | | | | | | | Zip Code: | | | |
| Name: | | | | | Address: | | | | | | | | | | | | | | | | | | | | |
| Phone:      -     - | | | | | City: | | | | | | | | | State: | | | | | | | | Zip Code: | | | |
| If accepted as a member, I will abide by the ByLaws and upon termination of my membership I will return any and all property belonging to the Second District Volunteer Fire Department and Rescue Squad.  I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of factions called for is cause for non acceptance or dismissal. Further, I understand the requirements and duties of being a member of the Second District Volunteer Fire Department and Rescue Squad, Inc. and agree that the failure to meet or fulfill these requirements, are reason for dismissal or other actions. I further certify, if under the age of 18, I have permission of my parents or guardian to join the Second District Volunteer Fire Department and Rescue Squad, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| Parent/Guardian Signature: | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| Membership Chairperson Signature: | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| I hereby acknowledge the receipt of ByLaws of this organization: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| DEPARTMENT USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | |
| President or Vice President Signature: | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| Chief Signature: | | | | | | | | | | | | | | | | | Date: | | | | | | | | |