|  |  |  |  |
| --- | --- | --- | --- |
| 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 [ ]  NoIf yes, explain:       |
| Membership Status you are applying for:[ ]  Cadet [ ]  Junior [ ]  Senior [ ]  AdministrativeNote: 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:      |