



MEMBERSHIP APPLICATION

PROBATIONARY/APPRENTICE
(FIRE/EMS)

SUSTAINING
(FUNDRAISING)

APPLICATION FEE - \$20 (ATTACH CASH OR CHECK)

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY/STATE

ZIP

PHONE #:

HOME

CELL

EMAIL ADDRESS:

DOB:

AGE:

SEX:

M / F

SSN:

DRIVERS LIC #:

EXP DATE:

EMPLOYER:

NAME

PHONE #

EDUCATION:

HIGH SCHOOL

COLLEGE

MEDICAL CONDITIONS:

PREVIOUS FIRE DEPT. EXP:

REASON FOR APPLYING:

REFERRED BY:

PHONE #: (410)848-7172

FAX #: (410)848-2396

REFERENCES (OTHER THAN RELATIVES):

NAME: _____
ADDRESS: _____
PHONE #: _____ **YEARS KNOWN:** _____

NAME: _____
ADDRESS: _____
PHONE #: _____ **YEARS KNOWN:** _____

NAME: _____
ADDRESS: _____
PHONE #: _____ **YEARS KNOWN:** _____

IF UNDER 21 YEARS OF AGE - BOTH PARENTS/GUARDIANS MUST SIGN BELOW:

NAME: _____
ADDRESS: _____
PHONE #: _____ **RELATIONSHIP:** _____

NAME: _____
ADDRESS: _____
PHONE #: _____ **RELATIONSHIP:** _____

IN CASE OF EMERGENCY - NOTIFY THE FOLLOWING PERSON:

NAME: _____
ADDRESS: _____
PHONE #: _____ **RELATIONSHIP:** _____

REESE VFC USE ONLY

APPLICATION RECEIVED (DATE): _____
APPLICATION RECEIVED BY: _____

INTERVIEW COMMITTEE: _____
INTERVIEW DATE: _____ **RECOMMEND / NOT RECOMMEND**
BOD DATE: _____ **RECOMMEND / NOT RECOMMEND**
GENERAL MEMBERSHIP DATE: _____ **VOTE: YES: _____ NO: _____**
ACCEPTED / NOT ACCEPTED

AS THE APPLICANT, I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED OR INCOMPLETE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR NON-ACCEPTANCE OR DISMISSAL. AS SIGNER OF THIS APPLICATION, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND CONTACTING OF THE REFERENCES LISTED ABOVE. THEREFORE GIVING REESE VFC ANY AND ALL INFORMATION CONCERNING PERTINENT DATA AND RELEASE ALL PARTIES FROM LIABILITY FROM ANY DAMAGE THAT MAY RESULT.

IN ADDITION TO THE ABOVE INFORMATION, BY SIGNING THIS APPLICATION I AM GIVING REESE VFC THE AUTHORIZATION TO COMPLETE A FULL AND COMPLETE CRIMINAL HISTORY CHECK TO INCLUDE MOTOR VEHICLE ON MYSELF. I AM AUTHORIZING THIS RECORD CHECK ON MY OWN FREE WILL AND EMPHATICALLY STATE THAT NO ONE IS FORCING OR COERCING ME IN ANY WAY TO HAVE THIS CHECK CONDUCTED. I FURTHER AGREE TO FOREVER HOLD THE PERSON CONDUCTING THIS CHECK AND REESE VFC COMPLETELY HARMLESS AS TO ANY OF THE SPECIFICS THIS CHECK MAY REVEAL AND TO ANY ACTION THE MEMBERSHIP OF REESE VFC MAY TAKE BASED ON THE RESULTS OF THIS CHECK.

APPLICANT'S SIGNATURE:

DATE:

WITNESS NAME (PRINT):

WITNESS SIGNATURE:
