



**Montgomery County Volunteer
Fire & Rescue Association
Volunteer Membership Application**



Position applying for: Firefighter/EMS ___ EMS Only ___ Live-in ___ HS Cadet ___ Other ___

Referred By: _____ **Fire Service ID:** _____

Specific department you are interested in: _____

Personal Data:

Name: _____

Last

First

Middle

Email Address(Ⓢ) _____

Nickname/Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Telephone:

Day: _____ Evening: _____ Mobile: _____

Occupation: _____ Social Security Number: Optional

Driver's License No. _____ State: _____ Zip Code: _____

Has your driver's license ever been suspended or revoked? Yes ___ No ___

If yes, explain giving dates, etc.

Fire/Rescue/Emergency Medical Experience:

Have you ever applied to or been a member of this department or any Montgomery County Volunteer department before?

Yes ___ No ___

If yes, date applied/membership dates: _____

Reason(s) for leaving: _____

Have you ever served in another fire department, rescue squad or other emergency service organization outside of Montgomery County?

Yes ___ No ___

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

State highest rank held or certifications: _____

Reason(s) for leaving: _____

Training:

Emergency Service Training/Education/Certification, course title, where taken and number of class hours:

(Examples: Essentials of firefighting, 125 hours, EMT-B)

EMPLOYMENT:

Current Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Dates employed: From: _____ To: _____

EDUCATION:

Highest grade completed: _____ Name and location of last high school attended: _____
Did you graduate? Yes _____ No _____ Date of graduation: _____
Date of GED _____
Name and location of college or university attended: _____

Degree(s) awarded: _____

Other relevant training that should be included in your emergency services file?

Special skills, interest, hobbies: _____

Foreign languages spoken and/or read: _____

MILITARY:

Have you served or are you currently serving in the US military: Yes _____ No _____
If yes, please list branch of service: _____ Years of service: From: _____ To: _____
Type of discharge: _____ Please include a copy of your DD-214.

GENERAL:

Have you ever been convicted/sentenced/placed on probation for a criminal offense or traffic offense in an adult court? (Minor traffic offenses may be omitted). Yes _____ No _____
If yes, give details, including date, charge, location and disposition of the case. _____

REFERENCES: Personel

Name: _____ Phone #: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

REFERENCES: Professional

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

YOUR INTERESTS: (Please check all that apply to your interests and desires when deciding on where to volunteer)

Truck Company Work _____	Engine company work _____
Rescue Squad Work _____	In your neighborhood _____
Ambulance-EMT _____	Near work _____
Medic Unit-Paramedic _____	Near a metro stop _____
Close to a college _____	Other (Specify) _____

Parental Authorization Required for All Applicants Under the Age of 18:

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

RELEASE OF INFORMATION:

I, _____ applicant to the volunteer fire and rescue department authorizes the department, the County and/or their agents to confirm the statements and questions answered in this application for purposes of membership in the department. The applicant releases the department, the County and their agents from any harm caused by the investigation of the statement made or information learned while processing this application. I certify that the information provided in this form is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in a delay or possible rejection of my application for membership.

Signature of applicant: _____

Printed name of applicant: _____

Date: _____

How did you hear of this volunteer opportunity?

Poster _____	County Fair _____
Gazette Ad _____	Internet (Specific Website) _____
TV Ad _____	Personal Contact (Specify) _____
Other _____	MSFA Convention Ocean City _____
School Event _____	Washington Post Ad _____

****OFFICE USE ONLY****

Application Received on: _____

LFRD: _____ Sent: _____

Recruiter: _____