

Hebron Volunteer Fire Department Inc.



Application for Membership

I, WITH THIS, SUBMIT MY NAME FOR ACTIVE MEMBERSHIP IN THE HEBRON VOL. FIRE DEPT., INC.

PLEASE PRINT LEGIBLY

FULL NAME: _____
ADDRESS: _____ YEARS THERE: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: ____/____/____ SOCIAL SECURITY #: ____/____/____
DATE OF BIRTH: ____/____/____
DRIVER'S LICENSE#: _____
EMPLOYER: _____ YRS. THERE: _____
ADDRESS: _____
POSITION: _____ SUPERVISOR: _____

IS YOUR EMPLOYER WILLING TO LET YOU LEAVE WHEN THE DEPARTMENT RECEIVES AN ALARM?

YES **NO** **MOST OF TIME** **ALL THE TIME**

IS YOUR FAMILY WILLING TO LET YOU LEAVE WHEN THE DEPARTMENT RECEIVES AN ALARM?

YES **NO** **MOST OF TIME** **ALL THE TIME**

ARE YOU WILLING TO RESPOND TO ALARMS, REGARDLESS OF TIME OF DAY OR WEATHER?

YES **NO**

ARE YOU WILLING TO MAKE REQUIRED PERCENTAGES FOR CALLS, MEETINGS AND FUNCTIONS?

YES **NO**

DO YOU HAVE ANY PREVIOUS FIRE/EMS TRAINING? (PROVIDE A COPY IF APPLICABLE)

YES **NO**

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE/EMS DEPARTMENT?

YES **NO**

IF YES, NAME AND PHONE# OF THE DEPARTMENT:

NAME: _____ PHONE# _____

REASON FOR LEAVING: _____

HAVE YOU EVER BEEN REJECTED BY ANOTHER FIRE/EMS DEPARTMENT?

YES **NO**

IF YES, WHAT DEPARTMENT AND REASON FOR REJECTION:

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES **NO**

APPROXIMATE DATE OF LAST PHYSICAL EXAM:

DATE: ____/____/____

ARE YOU WILLING TO TAKE A PHYSICAL EXAM? (THIS WILL BE REQUIRED FOR FIREFIGHTER 1 CLASS)

YES **NO**

I AUTHORIZE THE HEBRON VOLUNTEER FIRE DEPARTMENT, INC. TO DO A BACKGROUND CHECK WITH REGARDS TO THIS APPLICATION.

IF NECESSARY, YOU MAY BE REQUIRED TO HAVE A CLASSIFIABLE SET OF FINGERPRINTS TAKEN, FOR SUBMISSION TO THE MARYLAND STATE PUBLIC CRIMINAL RECORDS CENTRAL REPOSITORY, AND POSSIBLE FORWARDING TO THE FEDERAL BUREAU OF INVESTIGATION, FOR A BACKGROUND CHECK.

I DO AUTHORIZE ANY POLICE DEPARTMENT, FIRE DEPARTMENT, MOTOR VEHICLE DEPARTMENT, ANY OTHER ORGANIZATION OR ANY PRIVATE INDIVIDUAL TO PROVIDE THE HEBRON VOLUNTEER FIRE DEPARTMENT, INC. WITH ANY INFORMATION DEEMED NECESSARY TO COMPLETE THE INVESTIGATION. THIS AUTHORIZATION WILL BE CONSIDERED VALID DURING MY PROBATIONARY PERIOD. A COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS VALID AS THE ORIGINAL.

THIS APPLICATION WILL BE HELD OPEN AND ACTIVE FOR 1 YEAR FROM DATE OF SIGNATURE BY APPLICANT.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS APPLICATION. I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY. I ALSO UNDERSTAND THAT FAILURE TO DISCLOSE PROPER INFORMATION MAY RESULT IN MY REJECTION OR EXPULSION FROM THE HEBRON VOLUNTEER FIRE DEPARTMENT INC.

SIGNATURE OF APPLICANT

DATE ____/____/____

SIGNATURE OF WITNESS/PARENT GUARDIAN

DATE ____/____/____

