



Woodsboro Volunteer Fire Company



Application for Membership

PLEASE PRINT ALL INFORMATION

TYPE OF MEMBERSHIP APPLYING FOR: () ACTIVE () SOCIAL

NAME: _____ DATE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

HOME PHONE: (____) - _____ WORK PHONE: (____) - _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DO YOU POSSESS A MARYLAND LICENSE? YES(), NO() CLASS: _____

DRIVERS LICENSE #: _____ RESTRICTIONS: _____

PLACE OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS: _____

PREVIOUS EXPERIENCE: _____

IN CASE OF EMERGENCY, NOTIFY _____

RELATIONSHIP: _____ PHONE # (____) - _____

ADDRESS: _____

I HEREBY AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS, RULES AND REGULATIONS SET FORTH BY THE WOODSBORO VOLUNTEER FIRE COMPANY, INC. AND UPON SEVERENCE OF MEMBERSHIP I WILL RETURN ALL PROPERTY OF THE FIRE COMPANY IN MY POSSESSION.

SIGNATURE OF APPLICANT: _____

RECOMMENDED BY: _____

BOARD OF DIRECTORS ACTION

DATE: _____ APPROVED () DENIED ()

DEPARTMENT ACTION

DATE: _____ APPROVED () DENIED ()

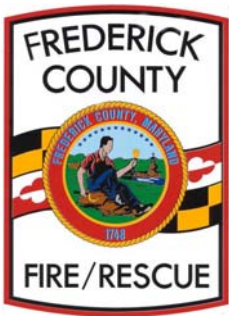
FINAL PROBATIONARY RECOMMENDATION

CHIEF: _____ APPROVED () DENIED () EXTENDED ()

BOARD OF DIRECTORS: _____ APPROVED () DENIED () EXTENDED ()

DEPARTMENT: _____ APPROVED () DENIED () EXTENDED ()

DATE OF EXTENSION: _____ FINAL ACTION: _____



Volunteer Fire & Rescue Services Background Check Form



Date: _____

Name: _____

Address: _____

DOB: _____ SSN: _____

Driver's License Number and State: _____

All states resided in within the past twenty (20) years:

I, _____, hereby authorize a records check to be completed as part of my volunteer application for _____ Fire Company.

I understand and authorize a Criminal, Civil, and Motor Vehicle records check to be conducted in all states in which I have resided. All information received will be maintained confidential, but may become part of my personal file. The fire company may employ such persons it deems necessary to secure these records.

I hereby release and waive my rights regarding these records and authorize their recovery to _____ Fire Company.

Signature Date

Company Officer Signature Print Name Date