

**TENTH DISTRICT VOLUNTEER FIRE DEPARTMENT, INC.  
POST OFFICE BOX 522  
MARBURY, MARYLAND 20658  
PHONE NUMBER (301) 753-8215**

**APPLICATION FOR MEMBERSHIP**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
LAST FIRST MI MONTH/DAY/YEAR

ADDRESS: \_\_\_\_\_  
STREET OR POST OFFICE BOX CITY STATE ZIP CODE

SSN: \_\_\_\_\_ - \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
CITY STATE

HOME# ( ) - \_\_\_\_\_ WORK# ( ) - \_\_\_\_\_

BEEPER# ( ) - \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

POSITION APPLIED FOR: (PLEASE CHECK THE FOLLOWING ONES YOU ARE INTERESTED IN)  
FIREFIGHTER \_\_\_\_\_ EMS \_\_\_\_\_ MARINE \_\_\_\_\_ ADMINISTRATIVE \_\_\_\_\_

**PERSONAL/MEDICAL INFORMATION:**

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT \_\_\_\_\_ LBS ALLERGIES: \_\_\_\_\_

HANDICAPS: \_\_\_\_\_ SCARS/DEFECTS: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

HAVE YOU HAD YOUR HEPATITIS SHOTS? \_\_\_\_\_ IF YES WHEN? \_\_\_\_\_

DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF?  
\_\_\_\_\_

VISION: LEFT EYE: \_\_\_\_\_ RIGHT EYE: \_\_\_\_\_ DO YOU WEAR

GLASSES OR CONTACTS? \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_

HEARING: NORMAL? \_\_\_\_\_ DO YOU WEAR A HEARING AID? \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ WORK # ( ) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE# ( ) - \_\_\_\_\_  
FIRST LAST

ALTERNATE CONTACT \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_  
FIRST LAST

PLEASE LIST DEPENDENTS BY NAME: \_\_\_\_\_

**EDUCATIONAL/CAREER INFORMATION:**

HIGH SCHOOL GRADUATE: YES OR NO YEAR GRADUATED: \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

COLLEGE? \_\_\_\_\_ HIGHEST DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

MINOR: \_\_\_\_\_ PRESENT OR PAST MILITARY EXPERIENCE \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ PHONE#: (\_\_\_\_) \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

DO YOU HAVE ANY PREVIOUS FIREFIGHTING, DIVING, EMS, MARINE OR ADMINISTRATIVE EXPERIENCE? \_\_\_\_\_ IF YES, WHEN AND WHERE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL INFORMATION:**

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? \_\_\_\_\_, IF YES, WHAT WAS THE VIOLATION, DATE, JURISDICTION? \_\_\_\_\_

\_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_ CLASS/TYPE: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

DO YOU HAVE ANY POINTS ON YOUR DRIVERS LICENSE? \_\_\_\_\_

**REFERENCES:**

PLEASE LIST THREE REFERENCES NOT RELATED TO YOU OR YOUR SUPERVISOR.

	FULL NAME	ADDRESS	TELEPHONE#
1)	_____	_____	(____) _____
2)	_____	_____	(____) _____
3)	_____	_____	(____) _____

WHY ARE YOU INTERESTED IN JOINING OUR VOLUNTEER FIRE DEPARTMENT? WHAT WOULD YOU LIKE TO GAIN FROM OUR FIRE DEPARTMENT?

PLEASE ATTACH A COPY OF ANY CERTIFICATIONS THAT WOULD BENEFIT THE DEPARTMENT(C.P.R., E.M.T., DRIVER'S LICENSE, FIREFIGHTER I, II, III, DIVER) AND A COPY OF YOUR DRIVING RECORD.

**IMPORTANT!!!** READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING APPLICATION.

A FALSE OR DISHONEST ANSWER TO ANY QUESTION IN THIS APPLICATION MAY BE GROUNDS FOR NOT ACCEPTING YOUR APPLICATION OR DISMISSAL AFTER ACCEPTANCE. ALL STATEMENTS ARE SUBJECT TO INVESTIGATION INCLUDING FINGERPRINTS, PUBLIC RECORDS, EMPLOYERS AND PERSONAL REFERENCES. PHYSICAL FITNESS MAY BE CHECKED BY A CERTIFIED PHYSICIAN.

CERTIFICATION: I CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT (SIGN IN INK): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

**CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION**

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER THE FEDERAL CONFIDENTIALITY REGULATIONS AND CAN NOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT (E.G. PROBATIONS, PAROLE, ETC.) AND THAT IN ANY EVENT THIS CONSENT EXPIRES AUTOMATICALLY AS DESCRIBES BELOW.

THE AUTHORIZATION EXPIRES UPON COMPLETION OF THIS INVESTIGATION.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 199\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

FOR DEPARTMENT USE ONLY- DO NOT FILL IN

References checked by: \_\_\_\_\_ Date Application received \_\_\_\_\_

Date Application Accepted: \_\_\_\_\_ Date Separated: \_\_\_\_\_