

**Elk Ridge Volunteer Fire Department, Inc.
6275 Old Washington Road
Elk Ridge, MD 21075**

Associate Membership Application

Annual membership fee of \$6.00 and a copy of Social Security card due at the time of application.

Name: _____

Address: _____

Phone Number _____ **Cell/Pager** _____

Birth date: _____ **Years Resident:** _____

Occupation: _____ **Number of Years:** _____

Employer: _____

Position: _____

Any Fire & Rescue-EMS experience, if any, but not required:

Have you ever been arrested, indicted, charged; or held by Federal, State, County, or Municipal authorities?

Skills you have that might benefit the Department:

All applicants are subjected to a personal background check.

Howard County Volunteer Fire Department
Personnel Data

Last Name: _____ First Name: _____ Middle initial: _____

Address & Street _____

City & State _____ Zip Code _____

Social Security Number: _____ Telephone # _____

Date of Birth: ____ / ____ / ____ Height: ____ FT ____ IN WEIGHT: _____

Driver's License No.: _____ Type _____

Restrictions: _____ Expiration Date: ____ / ____ / ____

Person to be notified in case of emergency:

Name: _____ Relationship _____

Address & Street _____

City & State _____ Zip Code _____

Telephone Number _____ Home _____ Work _____

For Department Use:

Fire District: 1 Fire Company: Elkridge Volunteer Fire Department

Date Appointed: _____ Date Presented to the BOD _____