

Hebron Volunteer Fire Department Inc.



Application for Active Membership

I, with this, submit my name for active membership in the Hebron Vol. Fire Dept., Inc.

PLEASE PRINT LEGIBLY

FULL NAME _____
ADDRESS _____ Yrs. There _____
CITY _____ STATE _____ ZIP _____
PHONE # ____/____/____ SOCIAL SECURITY # ____/____/____
DATE OF BIRTH ____/____/____ DRIVERS LICENSE# _____

EMPLOYER _____ Yrs. There _____
ADDRESS _____
POSITION _____ SUPERVISOR _____

(CIRCLE THE BEST ANSWER TO THE FOLLOWING QUESTIONS)

Is your employer willing to let you leave to when the Department receives an alarm?

YES NO MOST OF THE TIME ALL OF THE TIME

Is your family willing to let you leave when the Department receives an alarm?

YES NO MOST OF THE TIME ALL OF THE TIME

Are you willing to respond to alarms, regardless of time of day or weather?

YES NO

Are you willing to work Department fundraisers, and make required percentages?

YES NO

Previous Fire/EMS training? YES NO (provide copy if possible)

Have you ever been a member of another Fire/EMS Department? YES NO

If yes, name and phone # of Department _____ # _____

Reason for leaving? _____

Have you ever been rejected by another department? YES NO

If yes, what Department and reason _____

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Have you been convicted of a crime? YES NO

Approximate date of last physical exam ____/____/____

If necessary, are you willing to take a physical exam. YES NO

I authorize the Hebron Vol. Fire Dept., 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 Vol. Fire Dept., 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 Vol. Fire Dept., Inc.

Signature of Applicant

Date ____/____/____

Signature of Witness

Date ____/____/____

RECOMMENDATION OF TWO (2) DEPARTMENT MEMBERS

Member signature #1

Member signature #2

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