St. Michaels Fire Dept., Inc. 1001 South Talbot Street (410) 745-9393

Application for Membership (To be submitted with \$1.00)

I hereby apply for Membership in (check boxes, all which apply):	I	hereby	apply f	or Me	mbership	in ((check	boxes,	all	which ap	ply):	
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[] – EMS [] - Fire Suppre	ssion [] – Administrativ	e [] – Junior (Under 1	8)	
Name:	Driver's Li	Driver's License #		
Mailing Address:	То	wn:		
State: Zip:	Social Secu	rity #		
Home Phone #	Cell #	Provider:		
Place of Birth:	Birth Date:	Email		
Employer:		Phone #		
Work References: (1)		. (2)		
Occupation:	What Hour	s Do You Work:		
A. Are you or have you ever bee membership in any Fire Departm			d and been refused	
B. Have you ever been convicted	d of a violation of the law, i	ncluding motor vehicle vi	olations? []–Yes []-No	

If yes, give dates and penalties.

C. Applicant's Statement: If accepted, I promise to abide by the bylaws and to put forth my best efforts to the interest of the department. My duties shall be to attend drills, meetings and courses in fire fighting or emergency medical services, and to support fund raising and administrative functions. By signing this application, I agree to background checks, reference checks, physicals, access to medical information, and drug tests. I affirm that the information herein is truthful, and any falsification will be subject to immediate termination.

Signature of applicantDateSignature of parent/guardian (If under 18 years old)DateSignature of first recommending memberDateSignature of second recommending memberDate

D. Complete this section if you have been a member of another Fire Department either currently or in the past and if you were a previous member of this Fire Department.

Department Name:
Department Address:
Department Phone: Contact Person:
Dates of Membership/Application:
Training Received:
Reason for Leaving/Application Refusal:
E. Why do you want to become a member?
Applicant must appear before the membership committee and state intentions and reasons for joining the Department.
Membership Committee
Committee Recommendation [] - Yes [] – No *. If Committee recommends disapproval, the reason for the recommendation will be attached and the applicant will be informed of the right to appeal to the Board of Trustees.
Signature, Membership Committee: Date
For Fire Department Use Only Dues received: [] – Yes] – No
Date of First Reading: Date Background Investigation Completed:
Date of Second reading/Vote: Meeting with BOT
Accepted for Membership: [] - Yes Name of Mentor Assigned
[] No - Date of Notification to Applicant: Attach Copy.

Date Probation Completed: _____ (18 YOA, minimum 6 months from Acceptance and completion of Firefighter I, EMT-B (Training not required for Administrative).

St. Michaels Fire Department, Inc. (This Section to be retained by the Applicant)

Thank you for your interest in serving your community through the St. Michaels Fire Department. We are always seeking new members in Fire, Emergency Medical and Administrative positions. Administrative support includes accounting, legal, public affairs, secretarial, and fundraising.

The process for membership starts with an interview with the Membership Committee to ensure the applicant is qualified for membership and fully understands the roles and responsibility membership entails. After recommendation by the Membership Committee, the applicant must appear at one of two consecutive General Membership meetings where the applicant will introduce him/herself to the members and state the reason for the application. At the second meeting, the application will be voted on by the members. All new members serve a minimum six probationary period training. After being voted in as a probationary member, all new members are required to complete the necessary paperwork to meet the State, County, Insurance and Department requirements. Emergency Services members shall meet with the Chief or Ambulance Captain to complete the requirements for Fire Suppression and/or Emergency Medical Services. Administrative members shall meet with the President to determine those Administrative functions to which they can contribute

COMMUNITY SERVED - SMFD's area of responsibility ranges from Arcadia Shores through Royal Oak Road, including Hopkins Neck, to Pot Pie Road and Wittman. This area includes over 130 square miles, over 120 miles of shoreline and 140 square miles of the Bay and Rivers. The resident population of the St. Michaels Fire Department's area of responsibility is approximately 9,000 people. During the Tourist Season, the daily tourist and summer resident population adds an additional 5000 people, and during special events, up to an additional 15,000 can be expected!

EMERGENCY CALL VOLUME – From the SMFD station over 1000 Emergency calls are answered each year. The number of emergency calls is expected to continue to increase the future.

FUNDING - Our yearly operating and capital expenses are approximately \$600,000. Our revenue includes allocations from the Town, County, and State, but we still must rely on donations and fund raising events for the largest portion of our revenue. All members are expected to participate in the fund raising activities.

ADMINISTRATION AND MANAGEMENT - The St. Michaels Fire Department is an incorporated non-profit organization (501.c3) under the Maryland and Federal Tax codes. The President is responsible for the daily Administration and Management of the Department and the Chief is responsible for all Emergency Operations. The Department operates under a set of Bylaws and has established both Administrative/Management and Emergency Policies and Procedures that establish the responsibilities of the members and the various functions of the Department. The Department's General Membership meetings are held on the First and Third Mondays of each month. A Board of Trustees meeting follows these meetings. The Fire/Rescue Drills are held on the second Monday of each month. The Emergency Medical Drills are held on the fourth Monday of the month. Additional Drills are held periodically. Meetings of the various Committees i.e. Fund Raising, Carnival, etc. will be announced. The Department has established a point system to meet State and County requirements for qualification by the members for a State Tax deduction and a County Length of Service Award program, and to measure the participation of the members in the activities of the Department.

YOUR RESPONSIBILITIES- Your are responsible for compliance with the SMFD By-Laws, Administrative Policy and Procedures, and the Emergency SOPs. All members are expected to attend all meeting and drills. All members are to read the Bulletins boards weekly and support all fund raising. All members are encouraged to recruit new members.

SUMMARY - Our responsibilities are enormous. Our mission is to protect the lives and property of the citizens of Talbot County and its visitors. We are always ready to assist our neighbors and visitors in time of crisis. The St. Michaels Fire Department is a lifeline, critical to the health and safety of thousands of people.

VISIT OUR WEB SITE AT - www.stmichaelsfd.org