



BRUNSWICK VOLUNTEER FIRE COMPANY

APPLICATION FOR VOLUNTEER MEMBERSHIP

Check Membership Classification Desired:

☐

EMT/Firefighter

☐

Social

Please fill out all pages of this application completely. Failure to answer all questions and provide all information requested will delay or may result in rejection of your application. If you have questions, please reach out to Membership Chairs Meredith MacLauchlan 301-801-4912, Megan Dewese 240-439-9303 or email bvfc5membership@gmail.com

PERSONAL INFORMATION

NAME: Last First Middle			DATE OF BIRTH:(MM/DD/YYYY)	MAIDEN NAME (if applicable)
ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
SOCIAL SECURTY #	PHONE	CELL PHONE	EMAIL ADDRESS	US CITIZEN or RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
OFFICE USE ONLY Background Reference Interview Physical				
PERSON TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP TO YOU	CONTACT'S PHONE NUMBER
ADDRESS OF EMERGENCY CONTACT				

EDUCATION AND TRAINING

HIGH SCHOOL GRAD? If yes, month and year	IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED	Name of High School (city, state)	GED? (Date completed)
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED			
Name of school (city, state)	Dates Attended	Graduated?	Degree/ Credits

*If you are a high school student, you must submit a copy of your most recent report card with your application, OR a letter from your school guidance counselor stating you are in good academic standing, with a minimum of a 2.0 GPA.

FIREFIGHTING/EMS TRAINING

Do you have any prior Firefighting/ EMS training? Yes. No		
TRAINING	YEAR OBTAINED	OFFICE USE ONLY COPIES OF TRAINING RECEIVED?
Firefighter I or II		
EMT-B or EMT-P		
Rescue Technician		
Haz-Mat Operations		
PEAF		

DRIVING RECORD

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number and State	Driver's License Class
Has your permit or license. To drive ever been revoked?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been convicted of driving under the influence of alcohol and/or drugs		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been convicted of another traffic violation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please explain any "yes" answers above		

REFERENCES

Please provide at least three references who are not related to you, are NOT past employers, and who you have known for a minimum of five (5) years.				
Name	Phone Number	Address	Years Known	Relationship To You

EMPLOYMENT

Are you currently employed? ☐ Yes ☒ No

List your most recent and past employers.

NAME/ Company Name	Your Position	Dates Employed (mm/yy-mm/yy)	Supervisors Name and Phone Number

Have you ever been dismissed or forced to resign from any positions? ☐ Yes ☐ No

Explanation if "yes" answer above

GENERAL INFORMATION

Have you ever been convicted of a crime, placed on probation, received probation before judgement, or imprisoned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you have any charges currently pending?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes for either of these above questions, please provide an explanation			
Have you ever been a member of BVFD in the past?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dates (mm/yy-mm/yy)			
Have you ever been or are you currently am member of another fire department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Department	Highest Rank Held	Position	Dates (mm/yy-mm/yy)
Name of Department	Highest Rank Held	Position	Dates (mm/yy-mm/yy)
Who or what prompted you to apply to BVFD?			

ACKNOWLEDGEMENT

I hereby certify that all statements contained herein on this application are true and correct to the best of my knowledge. I understand a background investigation will be initiated. If misrepresentation, omissions or falsifications are made on my application, it may be rejected. If I am a member, my membership and all rights and privileges of my membership will be immediately terminated. By signing this application, it indicates I have read and understand all parts of the application to become a volunteer member of the Brunswick Volunteer Fire Company.

I authorize the investigation committee to perform a background check. I also authorize any records relevant to the confirmation of these aforementioned statements and questions to be released, as well as any other information necessary for verification by an authorized member of the membership committee.

I have read the statement above and by signing this application, I agree to all of the provisions.

Applicant Signature

Date

Applicant Legal Guardian Signature

Date

Along with your application, please submit \$30.00 in cash or check made out to BVFD

MEMBERSHIP COMMITTEE USE ONLY			
Personnel Identification Number		Status	
Date Application was Received		Date of Meeting	
Applicant Accepted	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dues Paid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Application was denied, reason			