



# 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 Chair- Meredith MacLauchlan 301-801-4912 or email [bvfc5membership@gmail.com](mailto: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                    |
| HOME PHONE  | WORK PHONE | CELL PHONE | EMAIL ADDRESS       | US CITIZEN or RESIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                             |
| OFFICE USE ONLY<br>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?<br>If yes, month and year                          | IF NOT A H.S. GRADUATE, HIGHEST<br>GRADE COMPLETED | Name of High School<br>(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?<br><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 type="checkbox"/> No |
| Have you ever been convicted of driving under the influence of alcohol and/or drugs         |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of another traffic violation?                                  |                                   | <input type="checkbox"/> Yes <input 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 type="checkbox"/> No |
| Do you have any charges currently pending?  |                   |  | <input type="checkbox"/> Yes <input 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 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 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 type="checkbox"/> No | Dues Paid       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Application was denied, reason  |  |                 |  |

