

DATE RECEIVED BY COMMITTEE: _____ LOSAP NUMBER: _____

APPLICATION FOR MEMBERSHIP

Long Green Volunteer Fire Company

4506 Long Green Road

Post Office Box 4009

Glen Arm, MD 21057

Phone: (410) 592-8337

Web address: www.lgvfc.com

(410) 887-5772

E-mail address: membership@lgvfc.com

_____ **Active Firefighter/EMS**

_____ **Active Sustaining**

_____ **Junior Active firefighter/EMS**

_____ **Junior Active Sustaining**

Junior ages are sixteen to eighteen

NAME: _____
FIRST MIDDLE LAST SUFFIX

MAILING ADDRESS _____

HOME NUMBER: _____ WORK NUMBER: _____

CELL NUMBER: _____ E-MAIL: _____

DRIVERS LICENCE NUMBER: _____

STATE: _____ CLASS: _____ RESTRICTIONS: _____ EXPIRES: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

CURRENT OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

HOW LONG HAVE YOU BEEN EMPLOYED THERE? _____

IMMEDIATE SUPERVISOR'S NAME AND PHONE NUMBER:

ARE YOU AN ALIEN AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICE TO WORK IN THE UNITED STATES?

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY?

(If yes, give branch, years served, rank at discharge, and type of discharge. Use back if necessary.)

HAVE YOU EVER BEEN A MEMBER OF OR AFFILIATED WITH ANY FIRE, RESCUE OR EMS COMPANY/DEPARTMENT? (If yes, give name, address, phone number, reason for leaving and membership dates. Use back if necessary.)

IF YOU ANSWERED YES TO NUMBER 3, PLEASE PROVIDE CURRENT BALTIMORE COUNTY LOSAP NUMBER: _____

AS REFERENCES, PROVIDE NAME, PHONE NUMBER, ADDRESS AND LENGTH OF TIME KNOWN OF THREE PEOPLE:

HAVE YOU BEEN CONVICTED OF ANY CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? (If yes, please explain. Use back if necessary)

DO YOU CURRENTLY HAVE ANY POINTS ON YOUR DRIVING RECORD?
(If yes, please explain. Use back if necessary)

HAVE YOU EVER HAD AN APPLICATION FOR MEMBERSHIP WITH A FIRE, RESCUE, OR EMS COMPANY/DEPARTMENT REJECTED OR HAVE YOU EVER BEEN EXPELLED FROM A FIRE, RESCUE, OR EMS COMPANY/DEPARTMENT?
(If yea, please explain. Use back if necessary)

PLEASE BRIEFLY DESCRIBE WHY YOU WOULD LIKE TO BECOME AN:

- A) ACTIVE FIREFIGHTER OR EMT
- B) ACTIVE SUSTATING

FOR ACTIVE FIREFIGHTERS/EMS MEMBERSHIP ONLY. A SUBSTANTIAL AMOUNT OF TRAINING IS REQUIRED PRIOR TO RIDING FIRE COMPANY APPARATUS. THIS TRAINING IS APPROXIMATELEY 120 HOURS, MUST BE STARTED WITH IN ONE YEAR OF YOUR MEMBERSHIP DATE AND IS PROVEDDED TO YOU AT NO COST. CAN YOU COMMIT TO THIS AMOUNT OF TRAINING?

DO YOU CURRENTLY HOLD ANY FIRE, RESCUE OR EMS CERTIFICATIONS IN ANY STATE OTHER THAN MARYLAND OR HAVE YOU COMPLETED ANY FIRE, RESCUE OR EMS CLASSES NOT AFFIATED WITH THE MARYLAND FIRE RESCUE INSTITUE? (If yes, list certifications/classes and attach documentation-use back if necessary)

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

I HEREBY AUTHORIZE THE RECRUITMENT AND RETENTION COMMITTEE AND/OR THE OFFICERS OF THE LONG GREEN VOLUNTEER FIRE COMPANY TO INVESTIGATE ANY AND ALL STATEMENTS/ANSWERS CONTAINED IN THIS APPLICATION. SPECIFICALLY, I AUTHORIZE THE RELEASE OF ALL INFORMATION ABOUT ME FROM REFERNCES, EMPLOYERS, PRIOR FIRE/RESCUE/EMS COMPANIES/DEPARTMENTS, MARYLAND FIRE RESCUE INSITITUTE, UNIVERSITY OF MARYLAND, MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS AND ANY OTHER PERSON OR ORGANIZATION WHO MAY HAE INFORMATION ABOUT MY SUITIBILITY AS AN APPLICANT. I HAVE ANSWERED ALL QUESTIONS AND HAVE GIVEN INFORMATION TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OF MISREPRESENTATION MAY RESULT IN THE NULLIFICATION OF THIS APPLICATION AND SUBSEQUENT MEMBERSHIP.

SIGNATURE: _____ DATE: _____

STATEMENT OF UNDERSTANDING

I UNDERSTAND THAT AS A MEMBER OF THE LONG GREEN VOLUNTEER FIRE COMPANY, I AM REQUIRED BY THE RULES AND BY-LAWS THAT GOVERN THIS ORGANIZATION TO:

ACTIVE AND SUSTAINING MEMBERS:

- **ATTEND A MINIMUM OF SIX (6) GENERAL MEETINGS PER YEAR**
- **PAY ALL DUES PRIOR TO THEIR DUE DATE**
- **SUBMIT TO A CRIMINAL BACKGROUND CHECK**

ACTIVE MEMBERS:

- **ATTEND ONE (1) ANNOUNCED COMPANY DRILL PER QUARTER**
- **ATTEND ONE (1) COMPANY DUTY NIGHT PER QUARTER**
- **PASS A PHYSICAL PRIOR TO BEGINNING ACTIVE FIREFIGHTING/EMS OPERATIONS OF TRAINING**
- **COMPLETE ALL REQUIREMENTS AS SET FORTH BY THE BALTIMORE COUNTY VOLUNTEER FIREMEN'S ASSOCIATION PRIOR TO RIDING THE FIRE APPARATUS**

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE, COMPANY USE ONLY

DATE APPLICATION FEE REC'D: _____ BY WHOM: _____

MEMBERSHIP VOTE DATE: _____ FAVORABLE VOTE? YES: ___ NO: ___

DATE CRIMINAL BACKGROUND: _____
