



HYATTSTOWN VOLUNTEER FIRE DEPARTMENT, INC.

Serving our Community since 1929

(301) 972-3398, (301) 831-8248

FAX: (301) 831-8901

E-Mail: hvfd@accessa.net

25801 Frederick Road

Clarksburg, Maryland 20871

APPLICATION FOR MEMBERSHIP

FULL NAME: _____

NICKNAME/PREFERRED NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____ CELL PHONE: _____

U.S. CITIZEN: YES NO

MEMBERSHIP CATEGORY: FIRE MEDICAL
 ADMIN NOT SURE

Equal Employment Opportunity: The Hyattstown Volunteer Fire Department, Inc. (HVFD), values diversity in the workplace. Women and men of all ages, cultural and ethnic backgrounds, religious and political affiliations, and national origins are encouraged to apply.

To Apply: Complete and submit this official Hyattstown Volunteer Fire Department "Application for Membership" form. Only fully and legibly completed applications will be considered or processed further. We may wish to contact you by mail, telephone, or e-mail. It is **your** responsibility to make sure contact information is **complete, correct, and current**. The HVFD office personnel are not permitted to modify applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communication.

PERSONAL INFORMATION

Are you at least 18 years old? Yes No Date of Birth: _____

(Optional, Unless Under 18)

NOTE: If under 18, parental consent is required. Junior Members (those under 18 years of age) cannot be on duty or present in any HVFD station or on any apparatus after 11:00 PM on nights preceding a school day.

Driver's License Number: _____ State: _____ Class: _____

Has your driver's license ever been suspended/revoked? Yes No

If YES, provide details and dates: _____

Have you ever been convicted of, or have you even pled to, any crime other than a minor traffic citation in an adult court? _____ Yes _____ No

If YES, where, when, and what was the disposition of the offense? _____

Please list any special skills, interests, or hobbies: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EDUCATION

Name, City, and State of Last High School Attended: _____

Highest Grade Completed: _____ Foreign Languages Spoken? Read? _____

Name, City, and State of College Attended: _____

What, if Any, Higher Education Degrees Do You Hold? _____

FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of this Department before?

_____ Yes _____ No If YES, please give dates, and the circumstances under which you left the Department): _____

Have you ever served in another fire/rescue department: _____ Yes _____ No (If YES, please give the name, address, and telephone number of the department(s), dates of your service, and the circumstances under which you left: _____

State the highest rank you have held: _____

List any fire, rescue, EMS or related classes you have taken, including where and when

you took the class: _____

List any fire or rescue vehicles you have been authorized or licensed to drive: _____

EMPLOYMENT

Current Employer: _____
Address: _____
Phone: _____ Date Employed From: _____
Contact Person's Name: _____ Position: _____
E-Mail Address: _____

Previous Employer: _____
Address: _____
Phone: _____ Date Employed From: _____
Contact Person's Name: _____ Position: _____
E-Mail Address: _____

REFERENCES

Please list three (3) character references whom you have known for at least three (3) years, who are not related to you, and who are not past or present employers. PLEASE PRINT CLEARLY AND PROVIDE ALL REQUESTED INFORMATION. HVFD will **NOT** research incomplete information.

Reference 1: Name: _____
Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

Reference 2: Name: _____
Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

Reference 3: Name: _____
Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

Note: Former/Current Fire Department Affiliations, If Any, Will Be Contacted to Obtain a Reference

Certification and Authorization: I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that, should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges thereof may be immediately terminated. My signature on the application indicates that I have read the description for the volunteer positions available to me and I understand that the position of a firefighter or emergency medical services provider is physically challenging and that my membership is dependent on my successful completion of a physical examination and receipt of a favorable background investigation. I further understand that this application form is not a guarantee of membership, nor an offer of membership.

I also understand that an incomplete or illegible application will not be considered or processed further; that I will be interviewed by the HVFD Membership Committee, which will make a recommendation regarding my application to the General Membership; that the General Membership has sole authority to act upon my "Application for Membership," that the decision of the General Membership is final and not appealable; and that I may not reapply for one year following a denial of membership. I have read the statements above and, by my signature, I agree to these provisions.

Signature of Applicant: _____ Date: _____

If under age 18, you will be given a Legal Consent Form to complete.

Signature of Parent/Guardian: _____ Date: _____
 (For Applicants Under the Age of 18)

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Hyattstown Volunteer Fire Dept
 Attn: Assistant Secretary
 Administration Office
 25801 Frederick Road
 Clarksburg, MD 20871

ADMINISTRATIVE REVIEW

Fee	Photo	School Check	Police/Fingerprint Check
References Returned		Interview By	Physical Exam
2 nd Interview By		Voted (date)	
Mentor Assigned (name)			Place Photo Here