Wolfsville Volunteer Fire Company, Incorporated
Volunteer Membership Application

Membership in the Wolfsville Volunteer Fire Company is a great opportunity for you to help your local fire and emergency services departments as well your community. To ensure that your time and talents will be best utilized, complete the information below and return it to any member along with a $5.00 membership application fee.

Name: _____

Date of Birth: _____ Social Security #: _____

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

Phone Number: _____E-mail: _____

Address: _____

City, State, Zip: _____

Is there a specific area you might be interested in? (please check all that apply)

- ☐ Fire/EMS Emergency Operations
- ☐ Fundraising
- ☐ Fire prevention/life safety

Have you ever been convicted of a crime? (Yes or No): _____

If yes, please explain: _____

At this time is there any litigation pending against you? (Yes or No): _____

A background investigation and fingerprinting shall be completed on all potential **applicants of member companies of FCVFRA.Applicants will be fingerprinted at the Frederick County Law Enforcement Center at no cost to the individual. Please sign to acknowledge your understanding that a background check and fingerprinting process will be initiated. All information is kept confidential.**

Signature:_____ Date: _____

Are you now or have you ever been a member of another Fire Company? (Yes or No): _____

If yes, please provide name of Company: _____

Have you ever had any disciplinary action taken against you from any Fire Company?

(Yes or No): _____

Training by Maryland Fire Rescue Institute (please provide MFRI transcript, or copies of certificates or pocket cards)

- ☐ CPR
- ☐ Emergency Medical Responder
- ☐ Emergency Medical Technician
- ☐ Firefighter I
- ☐ Firefighter II
- ☐ Pumping Apparatus Driver/Operator
- ☐ Emergency Vehicle Operator
- ☐ Hazardous Materials Operations
- ☐ Fire Officer I
- ☐ Fire Officer II
- ☐ NIMS ICS 100, 200, 700, 800
- ☐ Rescue Technician
- ☐ Other: _____

I have answered all of the above questions honestly and to the best of my ability.

Signature: _____ Date: _____

Parent or guardian signature if the applicant is under 18 years of age. Limited duties and restrictions will apply to probationary members. Parental permission is required for membership.

Parent Name: _____ Relationship to Applicant: _____

Signature: _____ Date: _____

References: Please provide two (2) persons that we may contact as personal or professional references.

Name: _____ Phone: _____

Name: _____ Phone: _____

A $5.00 non-refundable fee is to accompany this application to the Wolfsville Volunteer Fire Company, Incorporated.

It will be the applicant's responsibility to submit a certified copy of their driving record for consideration and approval to operate any Organizational Apparatus. NOTE: Restrictions apply to drivers under the age of 21 years. Probationary members under the age of 18 are not permitted to operate apparatus.

Applicant Signature: _____ Date: _____

Application received by: _____ Date: _____

Application reviewed by: _____ Date: _____

Applicant Background Check Initiated Date: _____

Application Presented to Membership for vote Date: _____

Application Approved / Disapproved Date: _____

On behalf of the Wolfsville Volunteer Fire Company, we *would like to thank you for supporting your local fire and emergency services and the community.*