



NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC.

7500 North Point Road

Baltimore, MD 21219

410-887-7554



Application For Membership

Type or print all information requested. Enter N/A (not applicable) in those areas that do not apply.

A mandatory \$50.00 application fee must be received prior to your application being processed.

All applicants are required to have a standard drug test at an appropriate medical facility.

Membership Information

Type of Membership Desired (See Page 3): Active Junior Active Semi- Active

Why do you want to join the Department? _____

Sponsored By: _____

Personal Information

Name (First, Middle, Last): _____ Date of Birth: _____

Maiden Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Provider: _____

Home Phone Number: _____ Email: _____

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

Social Security Number: _____ Marital Status: _____ Spouse: _____

Residences for Past 5 Years

Dates of Residency

Address (Street Address, City, State, Zip Code)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Name and contact information of Family Doctor: _____

Current/ Most Recent Employer

Name of Employer: _____ Telephone Number: _____

Dates Employed: From _____ To _____ Immediate Supervisor's Name: _____

Criminal Activity Information

Have you ever been convicted of a crime? Yes No (If yes, include charge, date and explanation.)

Character References

List 2 references over 18 years old, not related to the applicant and not a member of this Department.

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Are you currently enrolled in school? (If yes, include where and teacher contact information.)

List any members of the North Point- Edgemere Vol. Fire Department that you currently associate with.

Firefighting Experience

Have you ever been a member of another Fire Department? Yes No

Name and Location: _____

Dates of Membership: From _____ To: _____ LOSAP No: (if Balto. Co.) _____

Reason for Leaving: _____

Name and Location: _____

Dates of Membership: From _____ To: _____

Reason for Leaving: _____

Firefighting Experience (Continued)

Do you possess any training or certifications pertinent to the Fire Service? Yes No
(If yes, include type, date and where obtained, and if still current.)

Signature of parent or legal guardian if applicant is under 18 years old. _____

Printed Name: _____ Relationship to applicant: _____
(Parent or Guardian, by signing this you agree to allow applicant to have a standard drug test monitored by the BCVFA.)

Emergency Contact: _____ Phone: _____

Emergency Contact Address: _____ City: _____ State: _____

Have you read the Constitution and By-Laws of the Department? Yes No

THIS IS REQUIRED BY OUR BY-LAWS AND YOU ARE REQUIRED TO READ THEM PRIOR TO BEING VOTED IN AS A MEMBER. YOU WILL BE CONTACTED TO MAKE ARRANGEMENTS IF NECESSARY.

If granted membership, I promise to abide by the Constitution, By-Laws, Rules and Regulations of the North Point- Edgemere Volunteer Fire Department, Inc. All information in the above application is true and correct to the best of my knowledge.

All new members are required to do a minimum of 50 hours of fund raising / duty hours during the first year of membership.

Signature of Applicant _____ Date: _____

Explanation of Types of membership:
Active- Participates in all aspects of firefighting duties and training.
Junior Active- Same as active, under the age of 18 years old.
Semi- Active- Participates in support functions of the Department, (i.e. fundraisers, details, etc.)

Do Not Write Below This Line

Date Submitted: _____ Received By: _____ Fee Rcvd By: _____

Date Read Off At Regular Membership Meeting: _____

Investigation By Hire Right
Investigated By: _____ Disposition: _____ Date: _____

Date Voted On By Membership: _____ Disposition: _____

APPLICATE PROGRESS FORM

NAME: _____ LOSAP No: _____

DATE	TASK	SIGNATURE	
	RECEIVED COMPLETED APPLICATION AND FEE		
	IF UNDER 18 MUST OBTAIN WORK PERMIT		
	INTERVIEWED BY PRESIDENT / CHIEF		
	DRUG TEST FORM ISSUED		
	DRUG TEST RESULTS & STATUS	STATUS	
	APPLICATION READ OFF AT MEETING		
	BACKGROUND CHECK AND STATUS	STATUS	SIGNATURE
	APPLICATE NOTIFIED TO APPEAR AT MEETING FOR VOTE		
	APPLICATION VOTED ON AND STATUS	STATUS	SIGNATURE
	DUES PAID		
	POST ELECTION MEETING WITH PRESIDENT / CHIEF		
	MEMBER WELCOME PACKAGE ISSUED		
	PAPERWORK COMPLETE (BENEFICIARY CARD, CODE OF CONDUCT, CONFIDENTIALITY POLICY, MEDICAL FORM)		
	MEMBER INFORMED TO READ BY LAWS AND STATION RULES and POLICY's		
	INFORMATION ENTERED INTO DATA BASE		
	EMAIL, CODE MESSAGING, PHONE LIST, LIFE MEMBER TRACKING, DUES REFUND TRACKING, CALL STATS SHEETS UPDATED, NPEVFD EMAIL ACCT. ADDED		
	APPLICATION FORWARDED TO LOSAP CHAIR AND LOSAP NUMBER ISSUED		
	COMPLETE REQUIRED WORK HOURS		
	KEY FOB ISSUED (MIN 3 MONTHS)		
	REMOVED FROM PROBATION / DROPPED		

APPLICATE PROGRESS FORM

THIS SECTION FOR ACTIVE MEMBERS ONLY

NAME: _____ LOSAP No: _____

Date	TASK	SIGNATURE
	MEDICAL FORM FILLED OUT AND FORWARDED TO ASSOCIATION OFFICE	
	MEDICAL RESULTS RECEIVED AND STATUS	
	MEMBER IN ASSOCIATION DATA BASE	
	SCBA FIT TEST COMPLETED	
	BCVFA ID and P.A.T. TAG ISSUED	
	TURN OUT GEAR ISSUED	
	ENROLLED IN HAZ-MAT CLASS	
	COMPLETED HAZ-MAT	
	ENROLLED IN BLOOD BOURNE PATHAGENS CLASS	
	COMPLETED BLOOD BOURNE CLASS	
	ENROLLED IN CPR CLASS	
	COMPLETED CPR CLASS	
	CLEARED TO RIDE MEDICAL BOXES	
	ENROLLED IN FIREFIGHTER 1 CLASS	
	COMPLETED FIREFIGHTER 1 MID TERM	
	CLEARED TO RIDE ENGINE AS 5TH	
	COMPLETED FIREFIGHTER 1	
	CLEARED TO RIDE ENGINE	
	CLEARED TO RIDE SQUAD (FIRE ONLY)	
	CLEARED TO RIDE SQUAD ALL CALLS	
	COPY OF DRIVING RECORD RECEIVED	