

APPLICATION 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		
	APPLICATE CERTIFIES THEY HAVE READ CONSTITUTION AND BY-LAWS AN WILL REVIEW COMPANY RULES AND POLICIES WITHIN 30 DAYS OF JOINING	APPLICATE SIGNITURE:	
	APPLICATION VOTED ON AND STATUS	STATUS	SIGNATURE
	DUES PAID		
	POST ELECTION MEETING WITH PRESIDENT / CHIEF		
	MEMBER WELCOME PACKAGE ISSUED		
	MEMBER INFORMED TO READ STATION RULES and POLICY's		
	FORWARD TO LOSAP CHAIR		
	LOSAP NUMBER ISSUED		
	INFORMATION ENTERED INTO DATA BASE		



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 any 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** provide Copies of Certificates/Cards and/or MFRI Transcript

(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: _____

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.

YOU ARE REQUIRED TO READ THE BY-LAWS PRIOR TO BEING VOTED IN. A COPY WILL BE PROVIDED
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, training and fundraising.

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: _____