

NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC.

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		
	COPY OF DRIVERS LICENSE		
	DRUG TEST FORM ISSUED		
	DRUG TEST RESULTS & STATUS	STATUS	
	APPLICATION READ OFF AT MEETING		
	BACKGROUND CHECK AND STATUS	STATUS	SIGNATURE
	APPLICANT NOTIFIED TO APPEAR AT MEETING FOR VOTE		
	APPLICANT CERTIFIES THEY HAVE READ CONSTITUTION AND BY-LAWS AND WILL REVIEW COMPANY RULES AND POLICIES WITHIN 30 DAYS OF JOINING	APPLICATE SIGNATURE:	
	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 \$15.00 application fee must accompany this application.*

There is no Application Fee for Current BCVFA or BCoFD White or Silver Tags.*

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

Membership Information

Explanation of Types of Membership

Active- Participates in all aspects of firefighting duties, training, and fundraising. 18 and older.

Junior Active- Same as active, Ages 16 – 17 years of age.

Semi- Active- Participates in support functions of the Department, 16 and over (i.e. fundraisers, details, etc.)

Type of Membership Desired: Active Junior Active Semi- Active
(18 & over) (16-17) (16 & over)

Why do you want to join the Department? _____

Personal Information

Are You Over the Age of 18? Yes No
(minimum age to join is 16)

Name (First, Middle, Last): _____

Maiden Name(s) or Alias Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Provider: _____

Home Phone Number: _____ Email: _____

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

Social Security Number: _____

NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC

Do You Grant Permission for Your Phone Number(s) to be Available to All Members? Yes No

Do You Grant Permission for Your Address to be Available to All Members? Yes No

(Answering **NO** to the above questions will make your contact information only available to Company Administrators)

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: _____	_____

Current/ Most Recent Employer

Name of Employer: _____ Telephone Number: _____

Address: _____

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

Previous Employer (If current within past 5 years): _____

Address: _____ 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.)

NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC

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: (Baltimore County Only) _____

Reason for Leaving: _____

Name and Location: _____

Dates of Membership: From _____ To: _____

Reason for Leaving: _____

(Use additional pages if needed)

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.)

Emergency Contact: _____ Phone: _____

Emergency Contact Address: _____ City: _____ State: _____

Emergency Contact email: _____

Application form waiver

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if selected for membership, falsified statements on this application shall be grounds for dismissal at any time without any previous notice. I hereby give North Point-Edgemere Volunteer Fire Department, Inc. permission to contact current and prior employers, character references, other fire departments, and others. I further authorize the Department to obtain a copy of my driving record if my membership will entail operating a vehicle.

I hereby release North Point-Edgemere Volunteer Fire Department, Inc., its leadership, members, volunteers, donors, attorneys, and insurers from any such liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for membership.

I further understand that my membership with North Point-Edgemere Volunteer Fire Department, Inc. shall undergo a probationary period and further that at any time during the probationary period or thereafter, my membership is terminable for violating any rules or regulations of the Department.

Signature of applicant: _____

Date: _____ Parent / Guardian Signature _____
(if applicate is under 18)

Agreement to Membership

YOU ARE REQUIRED TO READ THE BY-LAWS PRIOR TO BEING VOTED ON. A COPY WILL BE PROVIDED

All new Active, Junior Active Members are required to enroll in the first available Firefighter or EMS Class. All Semi-Active Members are required to participate in fund raising activities.

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 Active Members must compete a physical questionnaire provided by The Baltimore County Volunteer Firefighters Association. A complete physical may be required by the Baltimore County Volunteer Firefighters Association Physician at an approved facility at no cost to you.

Signature of Applicant _____ Date: _____

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

Printed Name: _____ Relationship to applicant: _____

(Parent or Guardian, by signing you certify you have reviewed and confirm the contents of the completed application and agree to allow the applicant to have a standard drug test at an approved medical facility. Additional physical paperwork will be required. A complete physical may be required by the Baltimore County Volunteer Firefighters Association Physician at an approved facility at no cost to you.