

**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	APPLICANT 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 POLICIES		
	FORWARD TO LOSAP CHAIR		
	LOSAP NUMBER ISSUED		
	INFORMATION ENTERED INTO DATA BASE		



**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**

<b>Dates of Residency</b>	<b>Address (Street Address, City, State, Zip Code)</b>
From: _____ To: _____	_____
From: _____ To: _____	_____
From: _____ To: _____	_____
From: _____ To: _____	_____
From: _____ To: _____	_____

**Current/ Most Recent Employer**

Name of Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_ May we contact your supervisor?  Yes  No

Reason(s) for leaving: \_\_\_\_\_

Previous Employer (If current within past 5 years): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_ May we contact your supervisor?  Yes  No

Reason(s) for leaving: \_\_\_\_\_

**Military Service**

Are you now or have you ever served in the military?  Yes  No

Branch \_\_\_\_\_ Status \_\_\_\_\_ Discharge Type \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

**Criminal Activity Information**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC**

**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: (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: \_\_\_\_\_

**NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC**

**CONSENT AND RELEASE FORM**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that the information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership, or, if selected for membership grounds for dismissal at any time without any previous notice.

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 hereby authorize North Point-Edgemere Volunteer Fire Department, Inc., or its designee to investigate any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employer, and organization to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I further authorize the Department to obtain a copy on my driving record if my membership will entail operating a vehicle.

I understand I will be required to successfully pass a background investigation and a drug screening. I hereby consent to a drug screen as a condition of membership. I understand that if I am extended an offer of membership, it may be conditioned upon successfully passing a complete pre-membership physical examination, psychological examination, and physical agility examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that neither this application nor verbal statements by Company leadership is a guarantee of membership for any definite period of time. I have read, understand, and by my signature below, consent to these statements.

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)

**NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC**

**Membership Requirement**

**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 complete 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 the applicant.**