

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

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 _____ 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.)

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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: _____

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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)

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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.