

**MEMBERSHIP APPLICATION**  
**FOR**  
**WINFIELD COMMUNITY VOLUNTEER**  
**FIRE DEPARTMENT**

**IF YOU ARE UNDER 18 YEARS OLD DO NOT  
FILL OUT CRIMINAL RECORD CHECK**

**[WWW.WINFIELDVFD.ORG](http://WWW.WINFIELDVFD.ORG)**

# WINFIELD COMMUNITY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

## PERSONAL

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

PRESENT ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW MANY YEARS HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES,

DESCRIBE IN FULL \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC  
KINDS OF WORK? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, DESCRIBE AND EXPLAIN THE WORK LIMITATIONS

HAVE YOU HAD A SERIOUS ILLNESS IN THE PAST FIVE (5) YEARS? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES,

DESCRIBE \_\_\_\_\_

ARE YOU TAKING ANY MEDICATIONS? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, LIST \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE FOR THE STATE OF MARYLAND? \_\_\_\_NO \_\_\_\_YES

LICENSE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_

DO YOU HAVE ANY RESTRICTIONS? \_\_\_\_NO \_\_\_\_YES IF YES, LIST RESTRICTIONS:

\_\_\_\_\_

HAVE YOU EVER BEEN CHARGED IN AN AUTO ACCIDENT? \_\_\_\_NO \_\_\_\_YES IF YES, PLEASE

EXPLAIN \_\_\_\_\_

HAVE YOU EVER RECEIVED ANY POINTS ON YOUR LICENSE IN THE PAST 10 YEARS? \_\_\_\_NO \_\_\_\_YES

IF YES, HOW MANY? \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

### **EDUCATIONAL BACKGROUND**

HIGHEST LEVEL OF EDUCATION:

HIGH SCHOOL \_\_\_\_\_ TECHNICAL SCHOOL \_\_\_\_\_ COMMUNITY COLLEGE \_\_\_\_\_

COLLEGE \_\_\_\_\_ POST GRADUATE \_\_\_\_\_ BUSINESS OR TRADE \_\_\_\_\_

### **EMPLOYMENT**

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

\_\_\_\_\_

HOW LONG HAVE YOU BEEN AT YOUR PRESENT JOB? \_\_\_\_\_ YEARS

**MEMBERSHIP**

TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

\_\_\_\_ ACTIVE FIRE    \_\_\_\_ ACTIVE EMS    \_\_\_\_ ACTIVE FUND RAISER    \_\_\_\_ ASSOCIATE

HAVE YOU EVER BEEN A MEMBER OF THE WINFIELD COMMUNITY VOLUNTEER FIRE DEPARTMENT?

\_\_\_\_ NO    \_\_\_\_ YES    IF YES, WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANY OTHER FIRE COMPANY?    \_\_\_\_ NO    \_\_\_\_ YES    IF YES,

LIST COMPANY AND DATES \_\_\_\_\_

PLEASE LIST BELOW ALL FIRE AND EMS SERVICE RELATED TRAINING AND EXPERIENCE YOU HAVE BEGINNING WITH THE MOST RECENT:

ORGANIZATION	FROM/TO	POSITION/STATUS
_____	_____	_____
_____	_____	_____

WOULD YOU BE WILLING TO SERVE A WEEKLY ASSIGNMENT AT THE STATION?    \_\_\_\_ NO    \_\_\_\_ YES

**PERSONAL REFERENCES**

LIST ANY FRIENDS OR RELATIVES WHO ARE MEMBERS OF THIS DEPARTMENT:

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

PLEASE LIST BELOW PERSONAL REFERENCES WHO ARE NOT FORMER EMPLOYERS, RELATIVES, OR MEMBERS OF THIS DEPARTMENT AND WHO ARE AT LEAST 18 YEARS OF AGE:

NAME AND OCCUPATION	ADDRESS	PHONE
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

**IF APPLICANT IS UNDER 18 YEARS OF AGE, PLEASE COMPLETE THIS PAGE**

I/WE \_\_\_\_\_ AND \_\_\_\_\_,

THE PARENTS OF SAID MINOR, HEREBY GIVE OUR CONSENT FOR \_\_\_\_\_,  
OUR SON OR DAUGHTER, TO BECOME A MEMBER OF THE FIRE FIGHTING FORCE OF THE WINFIELD  
COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

I/WE FURTHER AGREE THAT IN CONSIDERATION OF THE ACCEPTANCE OF OUR SON/DAUGHTER  
\_\_\_\_\_, WE WILL NOT PRESS ANY CLAIM FOR ACCIDENT, NEGLIGENCE, OR  
NEGLECT TO \_\_\_\_\_, OUR SON/DAUGHTER AND WILL DEFEND THE SAID WINFIELD  
COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC. AND WILL DO ALL TO SAVE THEM HARMLESS FROM  
ANY SUCH ACTION AND THEY WAIVE ANY SUCH ACTION THAT THEY MAY HAVE NOW OR FOREVER AS  
THE RESULT OF ALL INJURIES TO \_\_\_\_\_, A MINOR.

I/WE HERE AGREE THAT THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL THE EIGHTEENTH BIRTHDAY  
OF OUR SON/DAUGHTER, \_\_\_\_\_, OR UNTIL WITHDRAWN IN WRITING BY CONSENTING  
PARENTS.

AS WITNESS, THE HANDS AND SEALS OF \_\_\_\_\_ ON THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

I HEREBY CERTIFY, THAT ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. BEFORE THE  
SUBSCRIBER, A NOTARY PUBLIC, IN AND FOR THE STATE OF MARYLAND, COUNTY OF CARROLL, A  
FORESAID PERSONALLY APPEARED \_\_\_\_\_

AND \_\_\_\_\_, AND THEY MAKE OATH IN DUE FORM OF LAW  
THAT THE MATTER AND FACT SET FORTH IN THE FORGOING AGREEMENT ARE TRUE AND CORRECT AND  
THEY HAVE EXECUTED THE SAME AS THEIR FREE ACT AND DEED.

AS WITNESS, MY HAND AND NOTARIAL SEAL. \_\_\_\_\_ (SEAL)  
(NOTARY PUBLIC)

**PLEASE READ CAREFULLY**  
**APPLICANTS CERTIFICATION AND AGREEMENT**

I HEREBY AGREE TO PARTICIPATE AS A MEMBER OF THE WINFIELD COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC. I AM WILLING TO TAKE FIRE AND EMERGENCY MEDICAL TRAINING AS REQUIRED BY THE DEPARTMENT. FAILURE TO PARTICIPATE IN SUCH TRAINING, WITHIN A REASONABLE TIME PERIOD OF ONE YEAR AFTER MEMBERSHIP, SHALL BE SUFFICIENT CAUSE FOR DISMISSAL.

I WILL PROTECT AND PRESERVE ANY AND ALL DEPARTMENT PROPERTY ENTRUSTED TO ME. SAID PROPERTY WILL BE RETURNED TO THE DEPARTMENT UPON TERMINATION OR DISMISSAL OF MEMBERSHIP.

I WILL NOT INTENTIONALLY INJURE THE REPUTATION, POSITION OR PROPERTY OF ANOTHER MEMBER OF THE DEPARTMENT WITHOUT CAUSE, HOWEVER, IF I CONSIDER ANOTHER MEMBER OF THE DEPARTMENT GUILTY OF UNETHICAL, ILLEGAL OR UNFAIR PRACTICE, I WILL PRESENT THAT INFORMATION TO THE PROPER AUTHORITY FOR ACTION.

I WILL STRIVE TO MAINTAIN THE INTEGRITY OF THE DEPARTMENT, AND CONDUCT MYSELF SO AS TO REFLECT FAVORABLY UPON THE IDEALS OF THE DEPARTMENT.

YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY THROUGH ANY INVESTIGATIVE AGENCIES OR BUREAUS OF YOUR CHOICE. IN MAKING THIS APPLICATION FOR MEMBERSHIP, I ALSO UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATIVE CONSUMER REPORT.

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR MEMBERSHIP ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ACCEPTED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

I HAVE READ AND UNDERSTAND THE ABOVE. \_\_\_\_\_

**WINFIELD COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.**  
**1320 West Old Liberty Road**  
**Sykesville, MD 21784**

**New Member Background Check Authorization**

A consumer reporting agency may furnish an investigative consumer report for employment purpose only if the employer certified that the consumer has authorized in writing that the report be obtained.

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I hereby affirm that the information and identifiers provided below are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I acknowledge receipt of the **Employment Consumer Report Disclosure** and the summary of consumer rights entitled, **A Summary of Your Rights Under the Fair Credit Reporting Act**.

I authorize **Winfield Community Volunteer Fire Department, Inc.** to secure an investigate consumer report for employment/volunteer purposes which may include, but not necessarily be limited to, a criminal history records investigation, an MVA driving record, verification of education and verification of employment history.

I authorize your consumer reporting agency, Property Owner's Exchange Inc., to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living. I release all concerned from liability in connection with any information they give. Any misrepresentation made in this application will be sufficient cause for cancellation of the application and/or for separation from the company's service if the company employs me.

I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during, and after employment, if in your discretion, you have a legally permissible and legitimate business need for the information requested.

I understand that I have a right, under *Section 606(B)* of the federal Fair Credit Reporting Act, to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigative consumer report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

\_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_