MEMBERSHIP APPLICATION

FOR THE

WINFIELD LADIES

AUXILIARY

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

For Questions or Concerns, please contact

Jeannette Marlatt –

ladiesaux@winfieldvfd.org

WWW.WINFIELDVFD.ORG

WINFIELD COMMUNITY VOLUNTEER FIRE DEPARTMENT
LADIES AUXILIARY
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_____

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 _____ASSOCIATE

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

_____NO _____YES IF YES, WHEN? _____

HAVE YOU EVER BEEN A MEMBER OF ANY OTHER FIRE COMPANY OR LADIES AUXILIARY?

_____NO _____YES IF YES,

LIST COMPANY AND DATES_____

PLEASE LIST BELOW ANY EXPERIENCE YOU HAVE BEGINNING WITH THE MOST RECENT:

ORGANIZATION FROM/TO POSITION/STATUS

_____

_____

WOULD YOU BE WILLING TO SERVE ON A COMMITTEE IN THE AUXILIARY? _____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. _____	_____	_____
_____	_____	

DO NOT WRITE BELOW THIS LINE

INTERVIEW DATE_____ HOUR_____

RESULT OF INTERVIEW AND BACKGROUND CHECK _____

_____

_____

_____

RECOMMENDED FOR MEMBERSHIP _____NO _____YES

PASSED BY COMPANY MEMBERS _____NO _____YES DATE: _____

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 LADIES AUXILIARY. I AM WILLING TO ATTEND MEETINGS AND PARTICIPATE IN LADIES AUXILIARY ACTIVITIES. 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 TERMINIATION 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 INVESTIGATION 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

Background Check Link: https://carrollcountydepartmentoffireandems.quickapp.pro/

Please check your email for communication from NCSI. It will come from an email ending in ncsisafe.com. If information needs to be verified, this is how you will be contacted. If there is no response from the applicant after a certain amount of time they may be required to start the application over.