



*Community Fire Company of Rising Sun, Inc.*

300 Biggs Highway ~ P. O. Box 699

Rising Sun, MD 21911

Phone: 410-658-5115 Fax: 410-658-9899

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## **Membership Application**

We thank you for your interest in the Community Fire Co. of Rising Sun, Inc. Attached is an application for membership. ***If you are under the age of 18, please have your parent(s) or guardian(s) sign at the bottom of page 3 and have it notarized by a Notary Public.*** Fourteen and fifteen year old prospects become “Cadet Members” and hold separate meetings and training. Those prospects 16 years and older are eligible for full membership. Return your completed application to the above address, Attention: Membership Committee, along with the required **\$25.00 application fee**. Enclose cash, check or a money order payable to the “Community Fire Co. of Rising Sun, Inc.” Also, attach a copy of your driver’s license to the application. If you are an active member or previous member of an emergency service, please obtain an official letter from that organization indicating whether or not you are in good standing.

For regular applicants, once your application and application fee has been received and the Membership Committee has contacted your references, your application will be presented to the Board of Directors to be read for the first time. The Board has one month to consider you for membership. Your application needs to be submitted before the 3<sup>rd</sup> Monday of the month in order to be presented to the Board for that month. During this period the Membership Committee will conduct an investigation, and you will be contacted to meet with the committee regarding your application. At the following Board of Directors meeting, you will be asked to appear for a short, casual interview. You will be contacted as to when you should appear for these meetings. Parents are encouraged to attend on the evening of the interviews to get information about membership requirements and address any concerns. Cadets attend regular Cadet Meetings and trainings and will be notified when to attend.

We hope you will continue with your interest in the Community Fire Co. of Rising Sun, Inc. If you have any questions, or if you would like more information, please contact me at (410) 688-0223. Please leave a message or text if we are unavailable.

Sincerely,

*Tami Wiggins*

Tami Wiggins  
Membership Committee  
Community Fire Co. of Rising Sun, Inc.

***A We Volunteer Because Your Life Depends On It@***



# Community Fire Company of Rising Sun, Inc.

300 Joseph Biggs Memorial Highway, P.O. Box 699

Rising Sun, Maryland 21911

(410) 658-5115 • (410) 378-3780 • FAX: (410) 658-9899

## APPLICATION FOR MEMBERSHIP

Instructions: Read every question carefully, and answer every question. A candidate will be rejected who has made a false statement of any *fact*, practiced or attempted to practice any deception or fraud in this application. Hand print all information requested in the space provided using blue or black ink only. Should additional space be required attach a separate sheet, indicating the question number with your information.

					Date: <i>Month/Day/Year</i>
<b>1. Full Name:</b> <i>(Print) First Name</i> <i>Middle Name</i> <i>Last Name</i> <i>Suffix</i>				<b>2. Home Telephone No:</b> <i>Include Area Code</i>	
<b>3. Street Address:</b> <i>House No</i> <i>Street Name</i> <i>Apt No.</i> <i>P.O. Box</i>				<b>4. Cell Phone No:</b>	
<i>Development</i>		<i>City or Town</i>		<i>County</i>	
		<i>State</i>		<i>Zip Code</i>	
<b>6. Date of Birth:</b> <i>Month/Day/Year</i>			<b>Age:</b>		<b>7. Social Security No:</b>
<b>8. No. Of Years at Current Address</b>					
<b>9. Previous Address:</b> <i>House No.</i>		<i>Street Name</i>		<i>Apt No.</i> <i>P.O. Box</i>	
<i>Development</i>		<i>City or Town</i>		<i>County</i>	
		<i>State</i>		<i>Zip Code</i>	
<b>10. Present Employer:</b>				<b>11. Employer's Phone No.:</b> <i>Include Area Code</i>	
<b>12. Employer's Address:</b> <i>House No.</i>		<i>Street Name</i>		<i>Apt No.</i> <i>P.O. Box</i>	
<i>Development</i>		<i>City or Town</i>		<i>County</i>	
		<i>State</i>		<i>Zip Code</i>	
<b>13. Name of Supervisor:</b>				<b>14. May we contact your employer for reference?</b>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>15. Previous Employer:</b>				<b>16. Previous Employer's Phone No.:</b> <i>include Area Code</i>	
<b>17. Previous Employer's Address:</b> <i>House No.</i>		<i>Street Name</i>		<i>Apt No.</i> <i>P.O. Box</i>	
<i>Development</i>		<i>City or Town</i>		<i>County</i>	
		<i>State</i>		<i>Zip Code</i>	
<b>18. Name of Previous Supervisor:</b>				<b>19. May we contact your previous employer for reference?</b>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

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20. High School Attended:	21. Year Graduated: <i>If Student, Year Expected to Graduate</i>
22. College Attended: <i>Include Vocational or Technical Schools</i>	23. Year Graduated and Degree Earned:
24. List any Honors Received:	
25. Do you possess any Special Skills or Qualifications? <i>Do Not Include Fire/Rescue/EMS Training (see #35)</i>	
26. List any Professional, Trade, Business, or Civic Activities and Offices Held: <i>You may exclude those which indicate sex, race, religion or national origin</i>	

27. Marital Status:	28. Spouse's Name
29. Driver's License No.:	30. State of Drivers License Issue:      Expiration Date:
31. Current Number of Points:	32. Has your driving privilege ever been Revoked or Suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes- If So, Give Details
33. Have you ever been arrested for any violation of the law? <i>Include Traffic Citations, do not include Traffic Warnings</i> <input type="checkbox"/> No <input type="checkbox"/> Yes- If so, give details as to where, when, what for, and which agency.	

34. Are you, or have you been a member of another Fire, Rescue or EMS Organization? <input type="checkbox"/> No <input type="checkbox"/> Yes- If so, give details as to where, when, and which department.	
35. If yes to above, Who was your Supervisor?	36. If yes to above, May we contact the department for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you received any formal Fire, Rescue or EMS Training? <input type="checkbox"/> No <input type="checkbox"/> Yes- If so, give details as to what, where, when, and through which department or school.	
38. List any Fire, Rescue or EMS positions held, time period, department:	

39. Do you wish to participate in: <i>Note: All members are expected to help raise funds</i>		
<input type="checkbox"/> Firefighting/Rescue	<input type="checkbox"/> Emergency Medical Service	<input type="checkbox"/> Administration
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Cadet	<input type="checkbox"/> Fire Police
NOTE: If you plan to participate in Firefighting/Rescue or Emergency Medicine, you will be required to take the appropriate training within three (3) years of acceptance into membership. >      ⇨ Initial here _____ to signify that you have read, understand and agree to the above statement.		

40. Do you have, or are you aware of any Handicap or Illness which will affect your ability to serve in the capacity to which you are applying? <input type="checkbox"/> No <input type="checkbox"/> Yes- If so, you must read and initial the notices below.	
NOTE: If the answer to the above question is Yes, it is necessary for you to identify the Handicap or Illness, the name of the doctor who is treating you, or who has knowledge of the handicap or illness, and if the handicap or illness will affect your ability to serve. Additionally, it will be necessary for you to supply a letter from your doctor indicating that the condition will not impair your ability to serve in the position for which you are applying. ⇨ Initial here _____ to signify that you have read, understand and agree to the above statement. <i>(Only if answering Yes to question # 38)</i>	
NOTE: FIRE COMPANY MEDICAL INSURANCE POLICY WAIVERS COVERAGE IN REGARDS TO PREVIOUS MEDICAL HISTORY ⇨ Initial here _____ to signify that you have read, understand and agree to the above statement. <i>(Only if answering Yes to question # 38)</i>	

41. Doctor's Name:	42. Doctor's Phone No.: <i>Include Area Code</i>
43. Doctor's Address:	

<b>List Two (2) Non-Fire Company Member References: References will be contacted</b>				
<b>44. Reference #1 Name:</b>			<b>45. Reference's Phone No.: Include Area Code</b>	
<b>46. Reference's Address: House No.</b>		<i>Street Name</i>	<i>Apt No.</i>	<i>P.O. Box</i>
<i>Development</i>	<i>City or Town</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>
<b>47. Reference #2 Name:</b>			<b>48. Reference's Phone No.: Include Area Code</b>	
<b>49. Reference's Address: House No.</b>		<i>Street Name</i>	<i>Apt No.</i>	<i>P.O. Box</i>
<i>Development</i>	<i>City or Town</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>

<b>List One (1) Fire Company Member for Reference: if possible</b>				
<b>50. Reference's Name:</b>			<b>51. Reference's Phone No.: Include Area Code</b>	
<b>52. Reference's Address: House No.</b>		<i>Street Name</i>	<i>Apt No.</i>	<i>P.O. Box</i>
<i>Development</i>	<i>City or Town</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>

<b>53. State any additional information you feel may be helpful in considering your application:</b>				

<b>Applicant's Signature:</b> By signing here you agree that all of the information on this application is true.	<b>Name:</b>	<b>Date:</b>
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<b>Parent/Guardian Signature:</b> (For applicants under 18 years of age)	<b>Name:</b>	<b>Date:</b>
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STATE OF MARYLAND  
COUNTY OF CECIL

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared

Known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged that he/she/they Executed the same for the purpose therein contained.

In witness hereof I set my hand and official seal.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_