

CHESTERTOWN VOLUNTEER FIRE COMPANY INC.

Application for Membership



Chestertown Volunteer Fire Company Inc.

Application for Membership

Type of Membership (Check One): Active Associate

Applicant's Full Name: _____

Applicant's Date of Birth: _____ Last 4 of Social Security Number: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Applicant's Full Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Driver's License Number: _____ Class: _____ Expiration: _____

Marital Status: _____ Spouse's Name: _____

Applicant's Employer: _____

Employer's Address: _____

Employer's Phone Number: _____ Supervisor's Name: _____

Length of Employment: _____

Emergency Contact Name: _____

Emergency Contact's Primary Phone Number: _____

Relationship to Emergency Contact: _____

Have you ever been convicted of a crime other than traffic? (Check One) Yes No

If yes, explain: _____

Do you mind if we perform a background check? (Check One) Yes No

List any previous/current Fire Departments you were/are a member of
(Please list the name and approximate dates):

List any/all Fire or EMS certifications or licenses that you currently have:

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List any other current certifications, licenses, skills or training that is not Fire or EMS related that you have:

What are three reasons why you wish to join this great organization?

Are you willing to assist in fundraising events and any other non-firefighting activities that the Chestertown Volunteer Fire Company Inc. may be involved in? _____

Are you interested in being involved in the EMS side of the Chestertown Volunteer Fire Company Inc.? _____

Are you willing to spend time other than drill nights to train, meeting nights to maintain the steady flow of the Department and to assist with maintaining the cleanliness, respect and professionalism of the Department and fire equipment that the Chestertown Volunteer Fire Company Inc. carries with its name? _____

Reference Check

Provide three people that you believe will give you a fair reference:

(Please do NOT use family members)

Reference Name: _____ Phone Number: _____

Reference Name: _____ Phone Number: _____

Reference Name: _____ Phone Number: _____

I (Print Name) _____ do hereby agree to abide by the policies, rules and by-laws of the Chestertown Volunteer Fire Company Inc. and I further give the Chestertown Volunteer Fire Company Inc. authorization to investigate my background, up to and including a criminal history check.

Signature: _____ Date: _____

I (Print Name) _____ do hereby agree to pay a one-time, non-refundable \$10.00 application fee to the Chestertown Volunteer Fire Company Inc. (Check or Money order ONLY, Cash will NOT be accepted)

Signature: _____ Date: _____

Chestertown Volunteer Fire Company Inc. Application for Membership

Departmental Use Only

Date Application Received: _____
Member Name That Received Application: _____

Membership Committee Notes:

Membership Committee Recommendation:

Yes: _____	No: _____	Committee Member: _____
Yes: _____	No: _____	Committee Member: _____
Yes: _____	No: _____	Committee Member: _____
Yes: _____	No: _____	Committee Member: _____
Yes: _____	No: _____	Committee Member: _____
Yes: _____	No: _____	Committee Member: _____

Date Applicant voted on: _____
Accepted into the Chestertown Volunteer Fire Company Inc.: Yes No

Special Concerns about Applicant if accepted:

Probationary Period: _____ Probation Completion Date: _____

Membership Status Changes:

<input type="checkbox"/> Active	<input type="checkbox"/> Associate	<input type="checkbox"/> Inactive	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Resignation	<input type="checkbox"/> Suspended	<input type="checkbox"/> Termination	<input type="checkbox"/> Deceased

Date of Status Change: _____ Reinstatement Date if Applicable: _____

Comments: _____

