



EARLEIGH HEIGHTS VOLUNTEER FIRE COMPANY, INC.

Serving with Pride since 1918

Membership Application

Please print or type all information clearly

Personal Information

Name: _____
First Middle Last

Address _____
Street City County State Zip Code

Date of Birth _____ (minimum age is 16 years)

Phone: _____ Home Mobile Work

Email: _____

Employment

Employer _____

Supervisor: _____ Phone: _____

May we contact your supervisor to verify employment? Yes No

Current School Enrollment

School: _____

Grade/Year: _____ Expected Graduation: _____

Fire & EMS Experience

Have you ever been a member of an emergency services organization? Yes No

If yes, organization name: _____

Point of contact (name and phone or email): _____

Have you ever been denied or removed from an emergency services organization? Yes No

If yes, please provide details: _____

Do you hold any Fire Certifications or EMS Licenses? Yes No State: _____

Qualifications: Firefighter Paramedic EMT

Reference

List at Least One Character Reference

Name: _____ Relationship: _____

Email: _____ or Phone: _____

Criminal Background

All applicants with Earleigh Heights Volunteer Fire Company are required to submit to an Anne Arundel County Fire Department (AACOFD) criminal background check. AACOFD is the final authority for determining an applicants suitability to train and serve as a Firefighter or EMT.

In addition, prior to being accepted into membership, EHVFC will review all publicly available information contained in the Maryland Judiciary Case Search database.

Have you ever been convicted of a crime? Yes No

If yes, please provide details (Criminal Charge, County, State, Date) (Do not include traffic violations)

INTERESTS

I desire to join as an Administrative Member: Yes No

I desire to respond on emergency calls as a

Firefighter Yes No

Emergency Medical Technician Yes No

ATTESTATION

By signing below, I do affirm that all information on this application is truthful and accurate to the best of my knowledge, and that falsification of any information will disqualify me from membership.

Furthermore, I promise to obey the rules and regulations of the Earleigh Heights Volunteer Fire Company and the Anne Arundel County Fire Department and to obey the orders of those personnel appointed over me by the Earleigh Heights Volunteer Fire Company and the Anne Arundel County Fire Department.

Signature: _____ Date: _____

If not yet 18 years of age, requires parent or guardian consent.

Parent Signature: _____ Date: _____