



EARLEIGH HEIGHTS VOLUNTEER FIRE COMPANY, INC.

Serving the Community Since 1918

Membership Application

Personal Information

Name: _____
First Middle Last

Address _____
Street City State Zip Code

Phone: _____ Date of Birth _____

Email: _____ Best Contact Time: _____

Employment

Employer _____

Supervisor: _____ Phone: _____

May we contact your supervisor to verify employment?

Current School Enrollment

School _____

Grade / Year _____ Expected Graduation _____

Experience

Have you ever been a member of an emergency services organization?

If yes, organization name: _____

Do you hold any Maryland Fire Certifications or EMS Licenses?

Certified / Licensed: Firefighter Paramedic EMT

Have you ever been denied or removed from membership of an emergency services organization?

Have you ever been convicted of a crime?

Interests

I am interested in joining as an Administrative Member?

I am interested in responding on calls as a

Firefighter

Emergency Medical Technician

ATTESTATION

By signing below, I promise to obey the rules and regulations of the Earleigh Heights Volunteer Fire Company 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. Furthermore, I do affirm that all information on this application is truthful and accurate to the best of my knowledge, and that falsification of any informational will disqualify me from membership.

Signature: _____ Date: _____

Company Use

Application Received: _____

Interview Date: _____

Interviewed By: _____

Approved: _____

Interviewer Notes
