



## EARLEIGH HEIGHTS VOLUNTEER FIRE COMPANY, INC.

*Serving with Pride since 1918*

### Membership Application

Please print all information clearly

#### Personal Information

Name: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City County State

Phone: \_\_\_\_\_ Home Mobile Work

Email: \_\_\_\_\_ Best Contact Time: Day Evening

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#### Employment

Employer \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor to verify employment? Yes No

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#### Current School Enrollment

School: \_\_\_\_\_

Grade/Year: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

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#### Fire & EMS Experience

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

If yes, organization name: \_\_\_\_\_

Do you hold any Maryland Fire Certifications or EMS Licenses? Yes No

Qualifications: Firefighter Paramedic EMT

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

If yes, please provide details: \_\_\_\_\_

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**References**

Please List at Least One Character Reference

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_, or

Contact Number: \_\_\_\_\_

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**Criminal Background**

All applicants with Earleigh Heights VFC will be required to undergo a criminal background check conducted by the Anne Arundel County Fire Department (AACOFD). Fire Department policy identifies 49 separate criminal violations which will disqualify an applicant from training 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? (found guilty or pled guilty)                      Yes      No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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

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**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 informational 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: \_\_\_\_\_

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**EHVFC Use**

Application Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Membership Accepted: \_\_\_\_\_

Membership Rejected: \_\_\_\_\_

**Membership Committee Notes**

MD Judiciary Case Search Review: \_\_\_\_\_

\_\_\_\_\_

Reference Check: \_\_\_\_\_

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Notes: \_\_\_\_\_

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