



Joe Truitt, Chief

John Merritt, President

GIRDLETREE VOLUNTEER FIRE COMPANY, INC.

2739 Snow Hill Road
P.O. Box 25
Girdletree, Maryland 21829-0025
Firehouse 410-632-2128
Fax 410-632-5664

APPLICATION FOR ASSOCIATE MEMBERSHIP

DATE : _____

NAME : _____

ADDRESS : _____

911 ADDRESS : _____

SS NUM : _____ DOB : _____

MD. DRIVER LICENSE # : _____

HOME PHONE : _____ WORK : _____ PAGER: _____

EMPLOYER : _____ CITY : _____

OCCUPATION : _____

EMPLOYER'S ADDRESS : _____

BLOOD TYPE : ____ WEIGHT : ____ HEIGHT : ____ PHYSICAL PROBLEMS *(Use Separate Sheet of Paper)*

FAMILY DOCTOR : _____ DATE OF LAST PHYSICAL : _____

Other than a traffic offense, have you ever been arrested ? _____. If YES, state why and the outcome of the trial on a separate sheet of paper.

Do you have any physical problems that would keep you from performing emergency medical related activities? _____. If YES, state what. _____

Have you been hospitalized or under a Doctors care in the past five years for Heart, Lung, Back, Muscle or Psychological problems ? _____. If YES, state what and when on a separate sheet of paper.

You understand that when elected to membership, you will remain on Probation and will not be elected to active associate membership until the successful completion of CPR and Maryland First Responder or higher?

Signature Date

FOR FIRE COMPANY USE ONLY

DATE APPLICATION REC'D : _____ DATE ELECTED TO PROBATION : _____

FIREMAN NUMBER : _____ MONITOR : _____ PAGER: _____



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APPLICATION FOR MEMBERSHIP

AUTHORIZATION FOR RELEASE OF INFORMATION

I,

Last	First	Middle	DOB
Address		Social Security Number	

do hereby authorize a review and full disclosure of all records, or any part thereof concerning myself to any duly authorized agent of the Girdletree Volunteer Fire Company, the Worcester County Fire Marshal's Office and/or the Worcester County Sheriff's Office, whether the said records are public or private, and of a confidential nature. The intention of this authorization is investigative resource material.

I authorize the full and complete disclosure of the medical and psychiatric records including consultation and treatment, including those of hospitals, clinics, and private practitioners, and the results of complaints of a civil nature made by or against me.

I also understand that a check maybe preformed on my driving record and that an outstanding warrant check may also be preformed, by any agency designated by the Girdletree Volunteer Fire Company, Inc.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature

Date