



HURLOCK VOLUNTEER FIRE Co.

INCORPORATED 1924



Phone: 410-943-3110

300 Charles Street • PO Box 178
Hurlock, Maryland 21643

Fax: 410-943-4355

MEMBER OF
MD. STATE FIREMEN'S ASSN.
DEL-MAR-VA ASSN.

OUR MOTTO
SERVICE
FOR ALL

Dear Applicant,

Thank you for your interest in becoming a volunteer with the Hurlock Volunteer Fire Company. Attached you will find the membership application packet. Please be sure to complete your application in its entirety before submitting. **Failure to complete the application or include all necessary materials will prolong the application process.** Before submitting your application, please review to ensure that you have included all of the following items:

- Completed Application
- Four (4) listed references, including complete mailing addresses.
- Reference Check Release Form **(Must be notarized)**
- Training Records (if applicable)
- Copy of Driver's License and Non-Certified Driving Record ▪ **Application Fee of \$25.00**

Once received, your application will be reviewed by the Membership Committee, reference letters sent to the references that you provide, and a background check performed. After all required information is gathered, the company membership reviews the information and a Panel Interview will be scheduled. Once all is completed, the application will be brought before the Company during a Regular Scheduled Meeting. The entire process generally takes between 4-8 weeks, depending upon the time elapsed to receive materials back. (Notifying your listed references that they will be contacted typically speeds up the process!) You will be notified via mail on the disposition of your application and the next steps required.

If you have further questions, please do not hesitate to contact Jason Trego at (410) 943-3110. Please submit completed application in a sealed envelope addressed to Hurlock Volunteer Fire Company Attn: Membership Committee.

Sincerely,

Jason Trego
Membership Committee
Fire Chief



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APPLICATION FOR MEMBERSHIP

Full Name: _____
LAST SUFFIX FIRST MIDDLE MAIDEN

Mailing Address: _____

City, State, Zip: _____ Duration at Residence: _____ Home Phone: _____
Cell Phone: _____

Email: _____

Driver's License State of Issue: _____ Expiration Date: _____ Class: _____

Soundex Number: _____ Birthdate: _____

Age: _____ Social Security Number: _____

Employer Information

Occupation: _____ Employer: _____

Years at Employer: _____ Supervisor Name: _____

Employer Address: _____ Employer Phone #: _____ Hours per

Week: _____ **DAYS NIGHTS SHIFTS ROTATING**

Fire/Rescue/EMS Experience

Have you ever applied to HVFC? ___ Yes ___ No If yes, date applied? _____

Have you ever served in another Fire/Rescue/EMS Department/Squad? ___ Yes ___ No

If yes, please list the department(s) which you have applied to, the date applied, and the outcome: _____

Have you ever served in another Fire/Rescue/EMS Department/Squad? ___ Yes ___ No

If yes, please answer below. The Chief of the department must be contacted before being scheduled for an interview.

Department: _____ Dates of Service: _____ to _____

Address: _____

City: _____ State: _____ Zip Code: _____

Chief's Name: _____ Phone: _____

Email: _____ Highest Rank Held: _____

(Required)

Reason why you left? (required) _____

Please list **ALL** Fire Company related training/courses/certifications on a separate page. Please attach copies of certificates, if possible.

Membership Status Requested

Honorary Membership (non-fire) Cadet Membership (14-15) Junior Member (16-18)

Probationary Membership Fire Probationary Membership EMS

Background Questions

If the answer to any of the following questions is YES, please provide a detailed explanation on a separate sheet of paper including details of the nature of the offense, location of the trial court, date of trial, sentence or verdict, terms of sentence or probation, etc. NOTE: Providing false information will be grounds for dismissal from membership.

Have you ever been convicted of any motor vehicle violations? Yes No

Has your license ever been suspended or revoked? Yes No

Have you ever been convicted of any other violation of the law? Yes No

Are any felony charges now pending against you? Yes No

Have you ever had a felony conviction? Yes No

Are you currently on Probation? Yes No

Education History

Name of High School Attended: _____

City: _____ State: _____ Highest Grade Completed: _____ Diploma

Received: Yes No Graduation Date: _____

Name of College/University Attended: _____

City: _____ State: _____ Major: _____

Credits Earned: _____ Degree Completed: [] Yes [] No _____

Foreign Languages Spoken/Read: _____

Relevant training you would like to make the committee aware of? _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Basic Medical History

Please provide any Pre-Existing Medical Conditions: _____

Please provide any allergies: _____

Do you take any medications for any medical condition: [] Yes [] No

Please list any special skills, interests or hobbies: _____

In two to three sentences, please tell us why you decided to apply to Hurlock Volunteer Fire Company and why do you feel as if you would be a good member? _____

Social Media: Please provide the URL and Usernames for all Social Media Accounts

Facebook: _____ Instagram: _____

Twitter: _____ Any others: _____

List Four Personal References Including **COMPLETE** Address

(Excluding Relatives and no more than one HVFC Member)

1.) Name: _____ Phone: _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____

2.) Name: _____ Phone: _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____

3.) Name: _____ Phone: _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____

4.) Name: _____ Phone: _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____

***** All references will be contacted by the committee and the committee will need to receive a response from the reference before scheduling the applicant for an interview.**

We MUST receive replies from at least 2 of your references.



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To Whom It May Concern:

I, _____ do hereby authorize Hurlock Volunteer Fire Company, Inc. to check four (4) references that I have supplied to them and authorize on the Reference Check Information Sheet. In the event of circumstances beyond the control of the Hurlock Volunteer Fire Company, Inc. and myself, I must supply the organization with a name or names not presently submitted for reference. I will provide those name(s) verbally and the placing of my signature on this form authorizes them to check these additional references also.

In addition, if I have been a member of another organization similar in nature to this one, I hereby authorize them to obtain references from the former organization(s)

All application information is maintained in strict confidence except to the extent that it must be shared with members of Hurlock Volunteer Fire Company, Inc. for determining the applicant's qualifications for membership.

(Signature of Applicant)

(Date)

(Parent/Guardian Signature if applicant is under 18 years of age)

(Date)

Please have application notarized and Witnessed

_____ (County) _____ (State)

Before me personally appeared, _____, Applicant, of lawful age, to me known to be the identical person who signed this document of application and being by me first duly sworn, on oath state that all the foregoing statements are true and correct to best of _____ knowledge and belief.

(Signature of Notary Public)

(SEAL HERE)

(Printed or typed Notary Public's Name)

(Witness Signature)

Commission Expires: _____



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All application information is maintained in strict confidence except to the extent to the extent that it must be shared with members of Hurlock Volunteer Fire Company, Inc. for determining the applicant's qualifications for membership.

I hereby certify that all the information presented in this application is true to the best of my knowledge. I understand and acknowledge that if I have knowingly provided false or misleading information on this application, I will be subject to immediate dismissal. I authorize the Officers of Hurlock Volunteer Fire Company, Inc. and the Membership Committee of said organization to conduct a full investigation of my background (Social Media Included) and the information listed, and further understand and acknowledge that if I am a cadet applicant, upon turning the age of 18, I will be transferred to a Probationary Membership.

I authorize Hurlock Volunteer Fire Company to obtain information about me from my employer, other fire companies, state agencies, and my references. All information that I have provided is true and correct to the best of knowledge and ability.

I further that a Probationary Membership is a criminal background investigation. Any applicant with a criminal record of a felony will be refused membership into Hurlock Volunteer Fire Company, Inc. Any applicant may be refused membership for any reason relating to character, ability, or physical ability by the Officers and Members of said organization. I will not hold any members of Hurlock Volunteer Fire Company, Inc. responsible for any information revealed, discussed, or presented during this investigation.

I acknowledge that I will receive a copy of the Active Service Standards upon interview with the Membership Committee, and that before being accepted as a Probationary Member, I must submit to, and pass, a physical examination and drug screen to be conducted by a Physician determined by Hurlock Volunteer Fire Company, Inc. If accepted as a Probationary Member, I promise to abide by the by-laws and said requirements and put forth my best efforts to advance the interests of said organization and the public which it serves.

Hurlock Volunteer Fire Company, Inc. is firmly committed to creating equal employment and membership opportunities for all persons and maintains all of its policies, practices, and procedures in strict compliance with all federal, state and local civil rights laws and regulations.

Applicants Signature: _____ Date: _____

Under 18 Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Phone Number: _____