



## **JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.**

Dear Prospective Member:

We are pleased you have expressed an interest in joining Joppa-Magnolia Volunteer Fire Company. In order to insure your application is ready for processing, please read this letter thoroughly and follow all directions. It is important for you to return the application in its entirety. If you do not complete all the application procedures, the application may be returned to you and delay your acceptance into JMVFC. The application requirements are as follows:

1. Fill out the form including your demographic information, training, employment history, references (complete addresses are required), legal history, and signatures.
2. A copy of your driver's license or government issued photo ID (ENLARGED).
3. If you have had previous Fire, EMS training or CPR (must be American Heart Association CPR), we will need copies of those cards or certificates.
4. If you have belonged to another fire company(s) (within the last 5 years), a letter will be sent with the records release to the company, to see if you were (or are) a member in good standing.
5. An application fee totaling \$30.00 is required (Cash, check or money order).
  - Fee for the application to be processed with the JMVFC of \$10.00.
  - There is a fee for your background to be done at your cost of \$20.00.
    - \* If you are a minor there will be no fee for the background check.
6. A record release form is required to be signed.
  - \* If you are a minor this does not apply to you.
7. A health physical is required. The company will provide a form included in the packet for your Doctor/PCP to fill out.

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All fees are **NON-REFUNDABLE**

**Check or money order can be made to: Joppa-Magnolia Volunteer Fire Company.**

**When you are ready to submit your application, please contact a member of the membership committee to schedule your interview. They can be reached by email or phone.**

**Committee members**

**Jason Kirstein- [14912@JMVFC.ORG](mailto:14912@JMVFC.ORG)**

**Phone: 443-567-3308**

**Don Hare III- [14573@JMVFC.ORG](mailto:14573@JMVFC.ORG)**

**Phone: 443-680-9131**

**Tyler Dailey- [15157@JMVFC.ORG](mailto:15157@JMVFC.ORG)**

**Phone: 443-299-2064**

Please leave a message for them, we will return the call or email in a timely manner.

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Printed Name of JMVFC Representative

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Printed Name of Application

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Signature of JMVFC Representative

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Signature of Application

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Date

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Date



**JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.**  
**1403 OLD MOUNTAIN ROAD SOUTH**  
**JOPPA, MARYLAND 21085**  
**PHONE: 410-676-1055 FAX 410-679-3420**

**MEMBERSHIP APPLICATION**

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Type of Membership: (Circle One)

I am applying to be- FIRE EMS FIRE/EMS ADMINISTRATIVE

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(Please PRINT all information or Type)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_ Y/M

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

\*Do you have unlimited text messages: Y\_\_\_ N\_\_\_

Email: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver's License Expiration: \_\_\_\_\_ Class: \_\_\_\_\_ State issued: \_\_\_\_\_

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**Beneficiary:**

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

Your Marital Status: Single Married Divorced Widowed

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**Criminal Record:** If needed attach additional sheet

Since the age of 18, have you ever been charged or convicted of a crime other than a minor traffic violation?

Yes: \_\_\_ No: \_\_\_ If YES, please explain in detail: \_\_\_\_\_

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Do you have a valid Driver's License: Yes: \_\_\_ NO: \_\_\_ If No please explain: \_\_\_\_\_

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Has Your Driver's License ever been suspended? Yes: \_\_\_ No: \_\_\_ If yes please explain: \_\_\_\_\_

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**References:** Please put down at least 3 people not related to you, who have known at least three years

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

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**Education:**

Highest level of Education: 9 10 11 12 GED 13 14 15 16 17+

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

College: \_\_\_\_\_

Major: \_\_\_\_\_

Other: \_\_\_\_\_

Military Service: Branch/Rank: (If Discharged Provide a copy of DD214) \_\_\_\_\_

Dates of Military Service: From \_\_\_\_\_ To \_\_\_\_\_ Present Member in Nation Guard or Reserves: \_\_\_\_\_

Were you discharged honorably: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If No please explain: \_\_\_\_\_

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**EMPLOYMENT:** (PAST FIVE YEARS) attach additional pages if needed

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Have you applied with this Department before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes When? \_\_\_\_\_

Have you been or are you currently a member of another Fire Department, Rescue, or Ambulance Service?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes name of Department: \_\_\_\_\_

Attach additional pages if needed

Dates of Membership: From \_\_\_\_\_ To \_\_\_\_\_

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Training- Attach additional pages if needed

Do you currently have any emergency training? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes what is your current training: \_\_\_\_\_

Attach additional sheet of paper if needed.

Do you currently hold a card in: CPR \_\_\_\_\_ First Aid \_\_\_\_\_ EMR \_\_\_\_\_ EMT-B \_\_\_\_\_ CRT \_\_\_\_\_ EMT-P \_\_\_\_\_

None of the above \_\_\_\_\_

Other special training in Fire or EMS which you have completed? \_\_\_\_\_

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\*Please include copies and/or transcripts of all certifications with this application\*

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**In Case of Emergency, who should we notify?**

Name/Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

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**\*PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING\***

*I hereby authorize the JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc. to investigate all statements contained in this application. To the best of my knowledge all statements and answers which I have given are true, accurate, and correct. I understand that misrepresentation or omission of facts will result in nullification of the application or subsequent membership based upon its contents.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.**  
**AUTHORIZATION FOR RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECKS**

Applicant:

Thank you for applying for membership with the JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc. As you are aware, the application process has several steps, many of which you have already completed. One step is a criminal background check through the Criminal Justice Information System (CJIS) via the VFIS IntelliCorp. Since the background check may take up to 60 days to complete, we have made provisions within the Joppa-Magnolia Vol. Fire Company, Inc. to proceed with the processing of your application before the background check is returned to us.

In order for this to happen, we request you sign this form below. By signing this form, you agree to the following terms:

1. That you have not in any way withheld any information of any kind concerning any past or pending criminal violations. This pertains to all violations regardless of in which State or County the violation occurred.
2. You FULLY understand that if your background check determines that there is a criminal charge or conviction on your record or a conviction pending; that the Joppa-Magnolia Vol. Fire Company Inc. may at its sole discretion, IMMEDIATELY terminate your application or membership in our Department.
3. You have been made fully aware of all of the above conditions and any questions that you may have had have been answered by our personnel, before you signed this form.
4. A background Investigation fee of \$20.00 included in your total application package fee has been received by the Membership Committee.

Furthermore by signing this form, you FULLY agree to all the terms stated within.

\_\_\_\_\_  
Printed Name of JMVFC Representative

\_\_\_\_\_  
Printed Name of Application

\_\_\_\_\_  
Signature of JMVFC Representative

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**THIS FORM IS TO BE SIGNED DURING THE MEMBERSHIP INTERVIEW PROCESS**



**JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.**  
**1403 OLD MOUNTAIN ROAD SOUTH**  
**JOPPA, MARYLAND 21085**  
**PHONE: 410-679-1055    FAX: 410-679-3420**

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TO:    Physician

RE:    Physical Evaluation of Applicant

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

The above named individual has applied to Joppa-Magnolia Volunteer Fire Company (JMVFC) for active membership as a firefighter and/or Emergency Medical Services (EMS) provider.

Any person classified as a firefighter, regardless of their present job assignment, must be able to perform fire suppression duties in order to be considered for full duty. Firefighters are responsible for performing in an environment that may expose them to extreme heat, toxic products of combustion, and hazardous materials. They also may be required to lift; operate heavy machinery; carry, raise, and climb ladders up to 110 feet tall; drive fire apparatus under emergency conditions; and assist with emergency medical services, such as lift and carry patients weighing in excess of 150 lbs. as a part of a two man team. Studies have shown that firefighter may experience a heart rate of 85 – 100% of their maximum capacity and that this level may be sustained for long periods of time.

The duties of an EMS provider require them to respond to medical, fire and hazardous material emergencies and use lifesaving skills under extremely stressful conditions. As a result, they may be exposed to infectious disease, toxic products of combustion, hazardous vapors, temperature extremes, and a sustained level of stress. Their duties also include lifting, moving and carrying patients in excess of 150 lbs. and equipment in excess of 50 lbs.

My signature indicates that the above-named applicant has no medical contraindications to becoming a firefighter and/or EMS provider.

Printed name of Physician: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Phone number of Physician: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**Please Note: NFPA Standards Code 1582 can be found and viewed online at NFPA.ORG**

**JMVFC Beneficiary Form**

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**The Joppa-Magnolia Volunteer Fire Company is protected with Group Insurance.**

**Please fill in the information below:**

**Date:** \_\_\_\_\_

**Primary Beneficiary:** \_\_\_\_\_

**Relationship of Beneficiary:** \_\_\_\_\_

**Address & Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**Contingent Beneficiary:** \_\_\_\_\_

**Relationship of Beneficiary:** \_\_\_\_\_

**Address & Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**Member's Date of Birth:** \_\_\_\_\_

**Member's Name:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_



**HARFORD COUNTY, MARYLAND  
VOLUNTEER FIREMAN PENSION-LENGTH OF SERVICE AWARD  
PROGRAM (LOSAP)  
MEMBER ENROLLMENT/UPDATE FORM**

Please complete the following form, making any corrections necessary, and return to Harford County, Department of the Treasury; Attn: LOSAP; 220 S. main Street; Bel Air, MD 21014.

Fire Company: Joppa-Magnolia Volunteer Fire Company

Member (Full Legal Name): \_\_\_\_\_

- If you have previously enrolled in LOSAP under a different name, please list here \_\_\_\_\_

Member ID # \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Member Status, please check one:

<input type="checkbox"/>	Active-New	<input type="checkbox"/>	Active-Secondary	<input type="checkbox"/>	Transfer-Primary
<input type="checkbox"/>	Lifetime Active	<input type="checkbox"/>	Lifetime Inactive	<input type="checkbox"/>	Inactive
<input type="checkbox"/>	Military Leave	<input type="checkbox"/>	Leave of Absence	<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Suspended	<input type="checkbox"/>	Deceased *	<input type="checkbox"/>	Retired

\* Deceased designation- please give date of death.

Are you or have you previously been a member of another Harford County VFC? If so, please list name of company(ies): \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Marital Status** (Circle one):    Single            Married            Divorced            Widowed

Spouse's Legal Name: \_\_\_\_\_

Spouse's Social Security No. : XXX-XX-\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ (REQUIRED FOR NEW OR CHANGES TO PERSONAL DATA.)

Signature of LOSAP Liaison: \_\_\_\_\_

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



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
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### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.