



## 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.

---

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

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

Kristine Thurlow- [17613@JMVFC.ORG](mailto:17613@JMVFC.ORG)

Phone: 443-417-8508

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

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

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
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**

---

Type of Membership: (Circle One)

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

---

(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: \_\_\_\_\_

---

**Beneficiary:**

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

Your Marital Status: Single Married Divorced Widowed

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

---

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

---

---

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

---

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

---

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

---

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

---

**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 \_\_\_\_\_

---

Training- Attach additional pages if needed

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

If Yes, list your current training: \_\_\_\_\_

Attach additional page if needed.

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

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

Other Fire or EMS Training? \_\_\_\_\_

---

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

---

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

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

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

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

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

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

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

---

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

---



**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 Applicant

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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**

---

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**

---

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

**Please fill in the information below:**

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

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

**Relationship to Beneficiary:** \_\_\_\_\_

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

\_\_\_\_\_

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

**Relationship to 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"/>	Name Change	<input type="checkbox"/>	Marital Status Change	<input type="checkbox"/>	Address Change

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)**

LOSAP Liaison: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

- **Primary company transfers require signatures by both company liaisons.**

LOSAP Liaison: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_



