



**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: \_\_\_\_\_ Social Security # \_\_\_\_\_

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: \_\_\_\_\_

Spouse's Social Security No.: \_\_\_\_\_

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**Criminal Record:** If need to 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**

I, \_\_\_\_\_  
*Last Name First Name Middle*

*do hereby authorize a review and full disclosure of all records or any part thereof, concerning myself to/by any duly authorized agent of the JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc. whether the said records are public or private, including those which may be deemed to be of a privileged or confidential nature. This includes records of any criminal, medical, psychiatric, driving records, or training records I have or may have. The intention of this authorization is to provide information, which will be utilized for investigative resources material for the purpose of background check in the application procedure.*

*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.*

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 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.

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 entirely complete. If you do not complete the entire application procedures, the application will be returned to you and may delay your acceptance into JMVFC. The application requirements are as follows:

1. Fill out the forms that includes your demographic information, training, employment history, references (complete addresses are requires), 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. A **\$30.00** application fee is required (Check or money order).
6. A background check is required and can be completed after you turn in your application; a record release form is required to be signed. There is a fee for your background to be done at your cost of **\$20.00**. If you a minor this does not apply to you.
7. A health physical is required; the company will provide a form for your doctor/PCP to fill out.
8. There is a fee for the application to be processed with the JMVFC of **\$10.00**.

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All fees are **NON-REFUNDABLE**

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

**Be note that when you submit your application it needs to go to a member of the membership committee. They can be reached by email or phone.**

**Committee members**

**John E. Gray III** [15791@hcvfa.org](mailto:15791@hcvfa.org)

**Phone: 410-977-9396**

**Katherine (Kate) Shealey-** [Katherineshealey@jmvfc.org](mailto:Katherineshealey@jmvfc.org)

**Phone: 443-528-2000**

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