



Ocean Pines Volunteer Fire Department, Inc.  
 911 Ocean Parkway  
 Ocean Pines, MD 21811  
 410-641-8272  
 Fax: 410-641-5686

**Membership Application Packet 2017**

Thank you for your interest in becoming a member with the Ocean Pines Volunteer Fire Department.

Please complete and sign the application along with the notarized release of information form,  
 which does need to be authorized by a Notary of the Public.

Also, please include with this packet any copies of your training wallet cards or certificates.

Your application will be reviewed by the 2nd Assitiant Chief who is in charge of Membership.

You will receive a phone call to set up an interview.

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

Check those that apply:

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

FIRE / EMS \_\_\_\_\_

FIRE POLICE \_\_\_\_\_

CADET \_\_\_\_\_

ASSOCIATE \_\_\_\_\_

Main Contact # \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Class: \_\_\_\_\_

Email: \_\_\_\_\_

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 Office Use Only:

Date Application Received: \_\_\_\_\_

Probationary Membership

Action By Board: Accept: \_\_\_\_\_ Reject: \_\_\_\_\_ Date: \_\_\_\_\_

Action By Membership: Accept: \_\_\_\_\_ Reject: \_\_\_\_\_ Date: \_\_\_\_\_

Full Membership

Action By Board: Accept: \_\_\_\_\_ Reject: \_\_\_\_\_ Date: \_\_\_\_\_

Action By Membership: Accept: \_\_\_\_\_ Reject: \_\_\_\_\_ Date: \_\_\_\_\_



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**Previous Addresses:**

\_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_

**Employer Information:**

**List Present Job and the Past 2 Employers**

**Present Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

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

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**Past Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

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

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**Past Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

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



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**References: List Three**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**List organizations to which you belong:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Served in Any Armed Forces: Yes, \_\_\_\_\_ No \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Except for Minor Traffic Violations have you ever been arrested?

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

Do you have any Physical Defects, Disease or Disabilities?

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

If you Answered Yes to any of the Questions Above, Please Explain Below:

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**Previous Training:**

Please Enclose Photocopies of Wallet Cards, Certificates, Etc.

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### Application Authorization Form

Must be signed by applicant before application can be processed.

I, \_\_\_\_\_ do hereby authorize

the Ocean Pine Volunteer Fire Department, Inc. to conduct an in-depth background investigation on me. I authorize any police agency, school, business, doctor, individual or association to release any pertinent information which would assist the Ocean Pines Volunteer Fire Dept., Inc. in evaluation my character and qualifications.

I affirm that all statements contained herein are true and complete. I understand that any false statements or information provided are grounds for denial of this application or dismissal from the Ocean Pines Volunteer Fire Department, Inc.

In signing this authorization, I hereby release any and all of the aforementioned sources from and responsibility, present or future in imparting this information.

I do understand if I do not abide by the Ocean Pines Volunteer Fire Department, Inc. General Rules and Regulation, and or the OPVFD Cadet Rules or Regulations and the OPVFD Standard Operating Procedures, I will jeopardize my position as a probationary member and or member to be dismissed at any given time.

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

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

Parent(s)/Guardian \_\_\_\_\_  
Signature

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



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Notarized Release of Information Form

I, \_\_\_\_\_  
Last First Middle Race Sex DOB

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Department of State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized, for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me.

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.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

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

Notary Public Certification

State of Maryland County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me a Notary Public for said state and county, personally appeared \_\_\_\_\_, and made oath in due form of law that he/she has executed this authorization for release of information in the capacity therein stated and for the purpose therein contained. In witness, I here unto set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_  
Affix Official Seal: