



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

Membership Application Packet 2018

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 # _____ Verizon _____ AT&T _____
 Sprint _____ Other _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Class: _____

Email: _____

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 _____

Past Employer: _____ Dates: _____ to _____

Address _____

Phone Number _____

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:

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: