



Ocean Pines Volunteer Fire  
 Department 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, fill out the application and include any copies of training cards or certificates.

Each applicant will interview with the membership committee and must pass a background check along with a department physical prior entering the General Membership.

Completed applications can be emailed to [opvfd@mchsi.com](mailto:opvfd@mchsi.com) or dropped off to the main office of the department during business hours. Concerns please call 410.641.8272

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

Check One:

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

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

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

\_\_\_\_\_ CADET

\_\_\_\_\_ ASSOCIATE

\_\_\_\_\_ AUXILIARY

Are you a full time resident in Ocean Pines?                      yes / no

If no, please list main residential address: \_\_\_\_\_  
 \_\_\_\_\_

Main Contact #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ AT&T

\_\_\_\_\_ Sprint

\_\_\_\_\_ Verizon

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

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

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

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

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

*Office Use Only:*

Received Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

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

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

Served in Military: \_\_\_\_\_ No / Yes, \_\_\_\_\_ 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 Yes, please describe: \_\_\_\_\_

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Previous Addresses:

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

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

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Employer Information: Are you retired? \_\_\_\_\_ yes / no

If No, please list Present job and 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 \_\_\_\_\_

References:

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

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

List organizations to which you belong:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Training:

Please Enclose Photocopies of Wallet Cards, Certificates, Etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your reason for wanting to join the department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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 responsibility, present or future in imparting this information.

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Print Name

Date

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Signature

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Parent(s)/Guardian Signature

If applicant is under the age of 18