



City of Salisbury

Fire Department
325 Cypress Street
Salisbury, MD 21801

Active Volunteer Membership Application

I respectfully submit my name for consideration as a volunteer member of the Salisbury Fire Department

Date: _____
Full Name (print): _____
Current Address: _____ Date of Birth: _____

Former Address (If less than one year at current address) _____

Contact Information:

Home Phone: _____ Work Number: _____
Cell Phone: _____ E-mail: _____
Drivers License Number: _____ Expiration Date: _____
State: _____ Class: _____

Employment Information:

Name of Employer: _____
Address: _____

Education Information:

Highest Level of High School Education: 9 10 11 12
Highest Level of College Education: 1 2 3 4
High School Attended: _____
College/Technical School Attended: _____
College Degree/Major: _____

Military Service Information:

Branch of Service: _____ Last Rank: _____
Entry Date: _____ Discharge Date: _____
Type of Discharge: _____ Present Status: _____

Have you ever applied for membership with the Salisbury Fire Department? Yes No

Have you ever been a member of another emergency services organization? Yes No

If you answered yes to the above question, please provide the name, address and phone number of the organization and the name, address and phone number of someone who can be contacted from this organization.

Have you ever been arrested, convicted and/or received probation before judgment for any misdemeanor, felony, DWI, DUI, or motor vehicle violation other than parking tickets . Yes No

If yes, please describe the circumstances in the box below

List the names, contact information and relationship to you of three personal references to whom you are not related by blood or marriage.

Reference #1: _____

Reference #2: _____

Reference #3: _____

Please Read Carefully

I authorize the Salisbury Fire Department to seek from any police, fire, emergency services, motor vehicle department, current and previous employer/s and authorize any previous or present police, fire, emergency services, motor vehicle department, current and previous employer/s to release to the Salisbury Fire Department, any and all information pertaining to my performance history, including, but not limited to, commendations or disciplinary action/s.

I release, promise to hold harmless and covenant not to sue the Salisbury Fire Department on the basis of its attempts to obtain information from any police, fire, emergency medical services or motor vehicle department, current and/or previous employer/s. I release, promise to hold harmless and covenant not to sue any police, fire, emergency services, motor vehicle department, current and previous employer/s on the basis of the disclosure of information to the Salisbury Fire Department.

I further understand that falsification of any information on this application, or providing information that I know to be untrue, may result in the rejection of my application for membership or subsequent termination of my membership. Additionally, I understand that this application shall remain active for a period of six (6) months from the date of receipt in the Administrative Office. At the expiration of this time frame this application shall be considered void.

By my signature below, I attest that I understand the statements above, agree to abide by the regulations of the Salisbury Fire Department, and that the information provided in this application is true and correct.

Signature: _____

Date: _____

Signature of Parent or Legal Guardian must be completed for Cadet Membership

Signature: _____

Date: _____

Additional Information: Attach a photocopy of any pertinent fire, rescue or emergency medical license, or proof of training that you wish to be considered to this application.

Active Volunteer Membership Application - Official Use Only

Applicants Full Name: _____

Corporation Assignment: _____

	<u>Date</u>	<u>Initials</u>		
Submitted to Administrative Office:	_____	_____		
Check Previous Denied List:	_____	_____		
Complete MD Judiciary Case Search:	_____	_____		
Place Name on Volunteer Status List:	_____	_____		
Application Scanned & Emailed:	_____	_____		
Notification sent to Administrative Office:	_____	_____		
<input type="checkbox"/> Accepted				
<input type="checkbox"/> Denied				
<input type="checkbox"/> Denied Letter Sent	_____	_____		
Fingerprint Appointment Scheduled:	_____	_____		
Fingerprint Report Received:	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Medical Physical Scheduled:	_____	_____		
Fit-for-Duty Report Received:	_____	_____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
Notified Corporation:	_____	_____		
Welcome Letter Sent to Applicant:	_____	_____		
Date Appointed Probationary Member:	_____			