



ROCK HALL VOLUNTEER FIRE COMPANY, INC.

**21500 ROCK HALL AVENUE
P.O. BOX 577
ROCK HALL, MD 21661-0577**



APPLICATION FOR MEMBERSHIP

Today's Date: _____

Date of Birth: _____

The following information is being submitted for evaluation for MEMBERSHIP into the Rock Hall Volunteer Fire Company. Please print all required information:

Type of membership requested:

1. Emergency Service Member:

- Active Firefighter
- Active EMT/ EMS Dept.
- Active Fire Police
- Cadet

2. Supporting Member

- Auxiliary
- Events Manager
- Special Committee

Name: _____

Present Address: _____

Telephone #'s: Home: _____ Work/Cell: _____

Drivers License: _____ SS #: _____

Emergency Contact: _____ Relation: _____

Emergency Phone: _____

Highest Level of Education: 9 10 11 12 Associates Bachelors Masters Doctorate

Military Service: No Yes – Branch: _____

Date of Discharge: _____

Employer: _____

Address: _____

Phone: _____ Position: _____

Supervisor: _____ Years of service: _____

Training: _____

Previous Fire Company Experience: None ___/Yes: ___ Years: ___
Fire: ___ EMS: ___ or Other: _____

Have you ever been suspended from another Fire Company? Yes No
(If Yes, explain _____)

Have you ever been convicted of any crimes, including motor vehicle? Yes No
(If Yes, explain _____)

Please list three personal references that have known you for at least 2 years and are not relatives:

	Name	Address	Phone	Yrs Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I do hereby swear that the above information is true and correct to the best of my knowledge and I give my consent and authorize the Rock Hall Volunteer Fire Company (RHVFC) and/or its duly authorized agent(s) to make a complete records check of the above listed information and to make a complete investigation of any federal, state, or local criminal records that may exist concerning me. I also give my consent to take a drug screen test. The cost of the test shall be paid by RHVFC. I understand that membership is a privilege subject to approval of your application upon completion of the background check and physical/drug tests.

Applicants Signature

Date

For Fire Company Use:

Background Check: [] Required
[] Complete
[] Pass
[] Fail

Drug Screening: [] Required
[] Complete
[] Pass
[] Fail

Recommended For Membership

Not Recommended For Membership

Committee Findings: _____

Interviewers: _____, _____

Probation Date: _____

Active Date: _____