



JACKSONVILLE

VOLUNTEER FIRE COMPANY

3500 SWEET AIR RD • PHOENIX, MD 21131
PHONE: 410-887-7780 • FAX: 410-666-3745



FOR MEMBERSHIP COMMITTEE USE ONLY:

Application Received: ____ / ____ / ____ Interview Date: ____ / ____ / ____ LOSAP #: _____

Accepted or Denied by B.O.D. on: ____ / ____ / ____ Probation Ends: ____ / ____ / ____

MEMBERSHIP APPLICATION

1. First Name: _____ Middle Name: _____ Last Name: _____
2. Address: _____ City: _____ State: ____ Zip: _____
3. Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____
4. E-mail Address: _____
5. Marital Status: _____
6. Social Security # ____ - ____ - ____
7. Date of Birth: ____ / ____ / ____
8. Are you a US citizen? Yes No
If no, explain: _____
9. Height: ____ ft. ____ in. Weight: ____ lbs. Hair Color: _____ Eye Color: _____
10. Employer: _____ Position: _____
Dates Employed: _____ Supervisor: _____ Phone: _____
11. Have you ever been convicted of a felony? Yes No
If yes, explain: _____

12. Do you have any mental or physical disabilities? Yes No

If yes, explain: _____

13. Driver's License Number: _____ State: _____ Class: _____

Special Endorsements or Restrictions: _____

14. Have you ever been a member of or been rejected, suspended, or expelled from any fire company? Yes No

If yes, please list department and explain: _____

15. If you are or have ever been a Baltimore County career or volunteer member, list your ID number: _____

16. Have you ever had an EMS certification/license revoked or suspended? _____

17. Please list all other fire department training (attach a copy of all certifications to this application): _____

18. Which positions are you applying for? Fire EMS Administrative

19. Why would you like to become a member of the Jacksonville Volunteer Fire Company? _____

20. Who referred you to the Jacksonville Volunteer Fire Company: _____

21. In the event of an emergency, who can we contact?

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____-_____-_____- Work Phone: _____-_____-_____- Cell Phone: _____-_____-_____-

IMPORTANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

I hereby authorize the Jacksonville Volunteer Fire Company and its agents to investigate all statements in this application, to investigate my background, and obtain information concerning my qualifications as a prospective member.

In conjunction with this investigation, I authorize any fire, rescue or ambulance company where I have been affiliated, or references listed to give the corporation any and all information they may have regarding my performance or abilities for the position for which I have applied, I release such persons and entries from any liability with respect to furnishing such information. I also authorize the corporation to release such information as necessary to those members and agents of the corporation and require such information to investigate or make decisions with respect to any matter pertaining to my membership.

I understand and agree that the membership relationship between myself and the corporation is "at-will." This means the member and the corporation each have the right to terminate this relationship at any time with or without cause and with or without advance notice, while by laws, policies and programs exist and may be changed from time to time, my "at-will" status is not subject to change without express written agreement signed by an officer of the corporation.

I certify the information contained in this application is true, complete and correct to the best of my knowledge. I understand that this information is important to the corporation and will be used by it in considering my membership. Further, I understand that any misstatements or omissions in this application may result in the corporation's refusal to accept me as a member, or if granted membership, in the immediate termination of my application.

I, the undersigned, further enclose a list of at least four references of persons outside my immediate family and non-members of this fire company. These are to include name, phone number, relationship to applicant, and length of relationship.

Signature: _____ Date: ____ / ____ / ____

1. Name: _____ Phone Number: ____ - ____ - ____

Relationship to applicant: _____ How long have you known them? _____

2. Name: _____ Phone Number: ____ - ____ - ____

Relationship to applicant: _____ How long have you known them? _____

3. Name: _____ Phone Number: ____ - ____ - ____

Relationship to applicant: _____ How long have you known them? _____

4. Name: _____ Phone Number: ____ - ____ - ____

Relationship to applicant: _____ How long have you known them? _____

**PLEASE NOTE THAT A \$100 APPLICATION FEE PAYABLE BY
CASH OR CHECK WILL BE DUE AT THE TIME OF INTERVIEW**