

NAME: _____

CHOOSE ONE: Fire EMS Auxiliary Associate



SUBMIT APPLICATION TO:

Bel Air Volunteer Fire Company
Membership Committee
109 South Hickory Avenue
Bel Air, MD 21014

Membership Committee Contact Information:

Phone: (410) 836-JOIN
Email: bawebbsite@bavfc.org

Instructions for Completing the “Fillable” PDF Bel Air Volunteer Fire Company Application Packet

The Bel Air Volunteer Fire Company’s application is now available as a PDF form.

GETTING STARTED

1. **Download the Application Here**
2. Complete all form fields and **PRINT** the form. See the specific instructions below for using the fillable PDF features, if you wish to utilize those. Or simply print the PDF and complete it with a blue or black ink pen.
3. Provide a copy of your state/government-issued ID, like a driver’s license.
4. Provide a copy of your high school diploma or GED. If you are still attending high school, you must provide a copy of your most recent report card.
5. Provide copies of your current, applicable EMS or Fire certifications
6. Submit all of the required documents listed above to the Bel Air Volunteer Fire Company through one of the following methods:
 - a. Email to bawebsite@bavfc.org
 - b. Mail to: Bel Air Volunteer Fire Company
ATTN: Membership Committee
109 South Hickory Avenue
Bel Air, MD 21014

DON’T HAVE A PRINTER?

If you don’t have access to a printer, please contact the Bel Air Volunteer Fire Company at 410-836-JOIN, or by email at bawebsite@bavfc.org and we can provide you a hard copy of the application packet.

FILLABLE PDF INSTRUCTIONS

Adobe Acrobat Reader must be integrated with your web browser to enable you to complete any forms online. The editable versions of the forms have been created with Adobe Acrobat 5.

Occasionally users may have difficulty printing or even opening complex forms online. If this occurs, please try saving the form to your hard disk (select “Save As” or “Save Link As” by clicking on the right-hand mouse button while hovering on the hyperlink to the desired form) and then open and complete the form locally using Adobe Acrobat.

COMPLETING THE FORM

Open the form using Adobe Acrobat Reader or Adobe Acrobat. **Acrobat Reader will allow you to fill in and print out the form, you will also be able to save the completed form.** Please note that you will only be able to save the completed form if you use Adobe Acrobat Reader. You can download the app from get.adobe.com/reader.

Once the form is open, with the left-hand mouse button, click on the field to be completed, and insert your text. Once the information has been entered, click outside the field that has just been completed or press “tab” to move to the next field. When completing check boxes simply click in the box with the mouse and an “X” will appear. To remove the “X” click in the box again.

Please be sure to verify that the full text is visible on the printed sheet once the form has been completed. This is particularly important where several lines of text, either addresses, information in the supplementary sheet or a declarations sheet have been filled in. Inserting paragraph returns using the “enter” key may push the text out of the available space, effectively causing it to disappear from the form. To check whether the contents of a field are visible, simply press “tab” or click outside the field. If the inserted text is not visible, try deleting some of the paragraph returns or reinserting the text.

PRINTING THE FORM

Once the form is complete, click anywhere on the form, or press “tab” to close the last field that was filled in. Go to “print” either in the “file” menu or by selecting the print icon. Once the print dialogue box is open, select the “fit to page” option. This ensures that the page that you see on the screen will correspond to the page printed by your printer. Failure to select this option may result in part of the form not being printed.

FURTHER INFORMATION AND HELP

If you need additional assistance completing the editable forms, please email bawebsite@bavfc.org.

Application for Bel Air Volunteer Fire Company Membership

Please read and complete all sections of this application. All applications must be filled out completely by the applicant in order to be considered for membership. Applications will not be considered until all information is complete and all requirements are met.

ALL APPLICATIONS MUST INCLUDE:

- A copy of your driver's license, if applicable
- A copy of your high school diploma or GED (If you are currently enrolled in high school, submit a copy of your last report card)
- A copy of your current CPR card, if applicable
- Copies of all your current EMS or firefighter certifications, if applicable
- A separate sheet of paper with your name and social security number

PERSONAL INFORMATION

Name: _____
Last First Middle

Residence Address: _____
Street Apt # City State Zip Code

Mailing Address: _____
Street Apt # City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Birth: ____/____/____ Current Age: _____ Sex: Male Female
MM DD YYYY

Driver's License #: _____ State: _____ Class: _____ Expiration: _____

Do you have a valid high school diploma or GED? Yes No
If not, are you currently enrolled in high school? Yes No If yes, what high school? _____
Are you authorized to work in the United States? Yes No

Spouse's Name: _____ Spouse's Phone: _____

REASON FOR MEMBERSHIP

Give a brief explanation as to why you want to become a member of the Bel Air Volunteer Fire Company.

FIRE AND/OR AMBULANCE COMPANY EXPERIENCE

Are you presently or have you ever been a member of this or any other fire department? Yes No

If yes, please complete this section in detail. List the most recent fire/ambulance company first.

CURRENT OR MOST RECENT COMPANY

Company Name: _____ Telephone: _____

Supervisor Name: _____ Title: _____

Address: _____
Street City State Zip Code

Dates of Membership: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Reason for Leaving: _____

PREVIOUS COMPANY

Company Name: _____ Telephone: _____

Supervisor Name: _____ Title: _____

Address: _____
Street City State Zip CodeDates of Membership: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Reason for Leaving: _____

*If you have additional experience, please attach the above information for that experience on a separate sheet of paper.***TRAINING** List all fire and EMS training you currently hold. Include copies of all certifications with this application.

Certification	Certifying State/Agency	Expiration Date

EMPLOYMENT HISTORY List the most recent employer first. Include U.S. Military Service and volunteer service, if applicable.**CURRENT OR MOST RECENT EMPLOYER**

Employer: _____ Supervisor: _____

Address: _____
Street City State Zip Code

Telephone: _____ Position(s) Held: _____

Dates of Employment: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Description of Duties and Responsibilities:

Reason for Leaving: _____

PREVIOUS EMPLOYER

Employer: _____ Supervisor: _____

Address: _____
Street City State Zip Code

Telephone: _____ Position(s) Held: _____

Dates of Employment: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Description of Duties and Responsibilities:

Reason for Leaving: _____

If you have additional employment history, please attach the above information for that history on a separate sheet of paper.

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes No

If yes, explain in detail:

MEDICAL HISTORY

Do you have any pre-existing medical conditions that would prevent you from safely performing the duties of a firefighter and/or Emergency Medical Technician? Yes No

***If yes, please be prepared to discuss your condition with the doctor conducting your physical.**

Please bring any supporting documentation to the doctor for his/her review.

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Address: _____
Street Apt # City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

REFERENCES

List three (3) references that have known you for at least two years. Do not include relatives.

REFERENCE 1

Name: _____ Relation: _____

Address: _____
Street Apt # City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

REFERENCE 2

Name: _____ Relation: _____

Address: _____
Street Apt # City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

REFERENCE 3

Name: _____ Relation: _____

Address: _____
Street Apt # City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

PARENTAL CONSENT FOR MINORS

If the applicant is under the age of eighteen (18), a parent or legal guardian must complete the following:

I hereby give my son/daughter permission to join and participate fully in all functions and duties associated with the Bel Air Volunteer Fire Company, Inc. I understand that my son/daughter will need to abide by the rules and regulations as governed by the Constitution, Bylaws, and Standard Operating Guidelines (S.O.G.'s) of the Bel Air Volunteer Fire Company, Inc.

Name of Son/Daughter: _____

Name of Parent/Guardian (Printed): _____

Parent/Guardian Signature: _____ Date: _____

CERTIFICATION AND AGREEMENT STATEMENT

This statement must be signed. Please read the following statement carefully and completely before signing.

I hereby certify that the facts set forth in the above application are true, correct, and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected and I could be immediately dismissed and/or terminated from the Bel Air Volunteer Fire Company, Inc.

Bel Air Volunteer Fire Company, Inc. and/or any representative thereof is hereby authorized to investigate my personal history, criminal history, and/or employment history. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

I understand and agree that, if I am accepted as a member of the Bel Air Volunteer Fire Company, I am to abide by the Constitution, Bylaws, and Manual of Procedures (M.O.P.'s) of the Bel Air Volunteer Fire Company, Inc.

Signature of Applicant: _____

Applicant Name (Printed): _____ Date: _____

DO NOT WRITE IN THIS SECTION (For Membership Committee Use Only)

Date Application Received: _____

Interviewed by: _____ Date: _____

Date Application Posted: _____

Date Voted on for Cadet Membership: _____ Accepted? Yes No

Date Voted on for Probationary Membership: _____ Accepted? Yes No

Date of Requested Extension: _____ Length: _____ Granted? Yes No

Date of Requested Extension: _____ Length: _____ Granted? Yes No

Date of Requested Extension: _____ Length: _____ Granted? Yes No

Date Voted on for Regular Membership: _____ Granted? Yes No

Resignation Date: _____ Accepted in Good Standing? Yes No

Application for Bel Air Volunteer Fire Company Membership

(Portion of the Application to be Posted for Company to Review prior to Potential Acceptance)

CHOOSE ONE: Fire EMS Auxiliary Associate

PERSONAL INFORMATION

Name: _____
Last First Middle

Current Age: _____ Sex: Male Female

Do you have a valid high school diploma or GED? Yes No

If not, are you currently enrolled in high school? Yes No If yes, what high school? _____

Are you authorized to work in the United States? Yes No

REASON FOR MEMBERSHIP

Give a brief explanation as to why you want to become a member of the Bel Air Volunteer Fire Company.

FIRE AND/OR AMBULANCE COMPANY EXPERIENCE

Are you presently or have you ever been a member of this or any other fire department? Yes No

If yes, please complete this section in detail. List the most recent fire/ambulance company first.

CURRENT OR MOST RECENT COMPANY

Company Name: _____

Dates of Membership: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Reason for Leaving: _____

PREVIOUS COMPANY

Company Name: _____

Dates of Membership: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Reason for Leaving: _____

If you have additional experience, please attach the above information for that experience on a separate sheet of paper.

TRAINING List all fire and EMS training you currently hold. Include copies of all certifications with this application.

Certification	Certifying State/Agency

EMPLOYMENT HISTORY List the most recent employer first. Include U.S. Military Service and volunteer service, if applicable.

CURRENT OR MOST RECENT EMPLOYER

Employer: _____

City: _____ State: _____ Position(s) Held: _____

Dates of Employment: / / to / /
MM DD YYYY MM DD YYYY

Description of Duties and Responsibilities:

Reason for Leaving: _____

PREVIOUS EMPLOYER

Employer: _____

City: _____ State: _____ Position(s) Held: _____

Dates of Employment: / / to / /
MM DD YYYY MM DD YYYY

Description of Duties and Responsibilities:

Reason for Leaving: _____

If you have additional employment history, please attach the above information for that history on a separate sheet of paper.

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes No

MEDICAL HISTORY

Do you have any pre-existing medical conditions that would prevent you from safely performing the duties of a firefighter and/or Emergency Medical Technician? Yes No

DO NOT WRITE IN THIS SECTION (For Membership Committee Use Only)

Interviewed by: _____ Date: _____

Date Application Posted: _____

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize _____ authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

APPLICANT SIGNATURE:	
APPLICANT NAME (PRINTED):	
DATE:	
SEX:	

PLEASE PROVIDE SEVEN (7) YEARS OF RESIDENTIAL HISTORY.
ADDITIONAL YEARS SEARCHED AT CLIENT'S REQUEST.

APPLICANT INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

ALIAS INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

OTHER INFORMATION	
Date of Birth:	
Social Security Number:	
Drivers License Number:	
State Drivers License Is Issued:	

(PLEASE PRINT CLEARLY)

CURRENT ADDRESS			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

PREVIOUS ADDRESS (1)			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

PREVIOUS ADDRESS (2)			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)