

*Application for Membership*

# Long Green Volunteer Fire Company

4506 Long Green Road

PO Box 4009

Glen Arm, MD 21057

Phone: 410-592-8337, 410-887-5772

[www.lgvfc.com](http://www.lgvfc.com)

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

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment: \_\_\_\_\_

Supervisor's Name and Number: \_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of or affiliated with any fire, rescue or EMS company/department? (If yes, give name of company and time of service.)

As references, provide name, phone number, address and length of time known of three people below:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of membership are you applying for?

Firefighter/EMS:\_\_\_\_\_ Sustaining\_\_\_\_\_

Do you currently hold any fire, rescue or EMS certifications?

If so list them and the state they were issued in below:

All applicants will have background checks performed by a private company used by Long Green Volunteer Fire Co.

All Firefighting/EMS applicants will also have a drug test performed by a private company used by Long Green Volunteer Fire Co.

Please fill out the attached release statement for the background check to be performed by HireRight Inc.

An application fee of **\$50.00** must be paid prior to being voted on at a company meeting. \$40.00 will be returned to the member at the end of their probationary period. The remaining \$10.00 is used as your membership dues for the current year.

I hereby authorize the recruitment and retention committee and/or the officers of the Long Green Volunteer Fire Company to investigate any and all statements/answers contained in this application. Specifically, I authorized the release of all information about me from references, employers, prior fire/rescue/EMS companies/departments, Maryland Fire Rescue Institute, University of Maryland, Maryland Institute for Emergency Medical Services Systems and any other person or organization who may have information about my suitability as an applicant. I have answered all questions and have given information to the best of my knowledge. I understand that any omission of misrepresentation may result in the nullification of this application and subsequent membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Statement of Understanding

I understand that as a member of the Long Green Volunteer Fire Company, I am required by the rules and by-laws that govern this organization to:

## All active members (Firefighting/Ems and Sustaining)

- Attend a minimum of six general meetings per year
- Pay all dues prior to their due date
- Submit to a criminal background check

## Firefighting/EMS Member

- Attend one company drill per quarter
- Attend one duty night per quarter
- Pass a physical prior to beginning active Firefighting/EMS operations of training.
- Complete all requirements as set forth by the Baltimore County Volunteer Firemen's Association prior to riding the fire apparatus.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do not write below this line, Company use only

---

Date application fee received by committee: \_\_\_\_\_

Membership vote date: \_\_\_\_\_

Favorable vote? Yes: \_\_\_\_\_ No: \_\_\_\_\_

LOSAP #: \_\_\_\_\_