



Application for Membership

YES NO Have you ever been a member of this, or any other, volunteer fire company?

If yes, a letter of recommendation must accompany application*.

Circle the appropriate area(s) of interest: EMS / Fire / Rescue / Administrative / Fund-raising / Fire police

First Name: Middle: Last Name:

Social Security #: Date of Birth(mm/dd/yyyy):

Current Age: Gender: Martial Status: Race:

Height: Weight: Hair Color: Eye Color:

Driver License #: Class: State of Issue: Expire Date: / /

Residential Address:

City: State: Zip:

Mailing Address:
(If Different than Residential Address)

City: State: Zip:

Home Phone: Work Phone: Pager #: Wireless #: E-mail:

Occupation: Employer: Employer Address:

Circle the appropriate answer:

YES	NO	Are you a United States Citizen? <i>If no, explain!</i>
YES	NO	Have you ever served in ant branch of the Armed Forces? <i>If yes, explain!</i>
YES	NO	Do you have any mental or physical disabilities or limitations? <i>If yes, explain!</i>
YES	NO	Have you ever been charged with any crime, other than minor traffic offenses? <i>If yes, explain!</i>
YES	NO	Have you had any previous emergency services training? <i>If yes, explain and attach documentation!</i>

Briefly explain why you are applying for membership at the Sykesville-Freedom District Fire Department:

Emergency Contact: Name: Relationship:

Address: Phone #

* A letter of recommendation from your previous company is required prior to consideration of membership.

(For Dept. Use Only) Carroll Co. ID #: _____ Date request _____ Date Entered FH _____ By: _____

This space is provided for any questions requiring additional description, or any other pertinent information:

I, the undersigned, do promise to abide by all the law and rules relating to the Sykesville-Freedom District Fire Department, Inc. (SFDFD), either in affect or becoming effective by vote of the Board of Directors (BOD) and/or membership.

I, the undersigned, I will be required to appear before the BOD and/or the Membership of SFDFD.

I, the undersigned, understand that, should the BOD and members of SFDFD accept my application for membership, I shall be on a 365-day probationary period. At the end of such period, my status will be re-evaluated by the chief, the president, and/or BOD to become an active member of the department, in accordance with the By-laws of SFDFD.

I, the undersigned, understand that a false statement to any of the foregoing herein under the law constitutes perjury and that detection of such falsity will result in rejection of this application for membership, dismissal from SFDFD and/or prosecution to the fullest extent of the law.

I, the undersigned, understand that a full background investigation may be conducted by SFDFD prior to this application being forwarded to the Board of Directors and/or General membership.

I, the undersigned, if under the age of 18, that I shall have least on parent or legal guardian present at the interview process with the Membership committee.

I, the undersigned, understand that I may be required to have a physical examination from this department's physician, if required by the Board of Directors, at the expense of this department.

I, the undersigned, understand that this application is current for only one year. At the conclusion of this time, if I have not heard from SFDFD and still wish to be considered for membership, it would be necessary for me to fill out a new application.

Signature of Applicant: _____ **Date of Application (mm/dd/yyyy):** _____

Signature of parent or legal guardian _____
(If applicant is under the age of 18):

SFDFD is an equal opportunity employer, SFDFD does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for membership on a basis prohibited by local, state, or federal law.

Date of interviewed by Membership Committee:	ACCEPTED	NOT RECOMMENDED	Interviewer's Initials:
Date presented to the Board of Directors:	Approved	NOT ACCEPTED	Comm. Chair's Initials:
Date presented to the General Membership:	ACCEPTED	NOT ACCEPTED	Comm. Rep's Initials
Background check Attached: Y N Returned	Date		Comm. Rep.'s Initials