

APPLICATION FOR MEMBERSHIP  
**JEFFERSON VOLUNTEER FIRE COMPANY, INC.**  
4603-A Lander Road, P.O. Box 578  
Jefferson, Maryland 21755  
301-473-5150

Date \_\_\_\_\_

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

Street Address \_\_\_\_\_

P.O. Box (if applicable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Job Title \_\_\_\_\_

Person to Contact in Emergency \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_

**Type of Membership – circle one**

▪Social (\$35)   ▪Cadet\* (ages 10-15) (\$5)

▪Responding -- Fire (\$35) or Ambulance (\$35)

Phone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Class of License \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number (Night) \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number (Night) \_\_\_\_\_

Special skills or training which may be useful to the fire company:

If you currently belong or have previously belonged to another fire company, give company name(s), location, years of service and positions held:

If you have ever been convicted of a crime, give details:

Any false statements made on this application could lead to an unfavorable report, rejection of membership, or later dismissal from the company. The entire application, as well as any attached pages, must be completed in full and the required fee must be included (this covers your membership fee and background check).

**Incomplete applications will not be considered.**

To the best of my knowledge, the above statements made by me are true and accurate, and the Membership Committee has my permission to verify all information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsoring Member (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Signature of Parent/Guardian  
(required for applicants under the age of 18)

\_\_\_\_\_  
Date

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In order to keep company records current, please indicate if you have successfully completed any courses.

Name \_\_\_\_\_  
Last First M.I.

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fire Training

Firefighter I	YES	NO
Firefighter II	YES	NO
Firefighter III	YES	NO

Medical Training

			<u>Expiration Date</u>
CPR	YES	NO	_____
EMT-B	YES	NO	_____
EMT-I	YES	NO	_____
EMT-P	YES	NO	_____
First Responder/Advanced First Aid	YES	NO	_____

Rescue Training

Intermediate/Technician	YES	NO
Advanced/Specialist	YES	NO

Hazardous Material Training

Awareness	YES	NO
Operations	YES	NO
Technician	YES	NO
Specialist	YES	NO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Background Check Authorization Form

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

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

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

List any other states resided in during last 20 years: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize a records check to be completed as part of my application for the Jefferson Volunteer Fire Company, Inc.

I understand and authorize a Criminal, Civil and Motor Vehicles records check to be completed in all states in which I have resided. All information received will be maintained confidential, but may become part of my personal file. The fire company may employ such persons it deems necessary to secure these records.

I hereby release and waive my rights regarding these records and authorize their recovery to the Jefferson Volunteer Fire Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Officer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***JEFFERSON VOLUNTEER FIRE COMPANY***

**GUARDIAN PERMISSION FORM**

**TO BE COMPLETED BY ALL APPLICANTS 10-18 YEARS OF AGE**

I, \_\_\_\_\_, hereby consent to the participation of my son/daughter, \_\_\_\_\_, in the fire & rescue service. I further realize that he/she may participate in activities sponsored by the Jefferson Volunteer Fire Company and, depending on age, may be performing the duties of a volunteer firefighter and/or emergency medical services member, including but not limited to:

- Participating in training in firefighting and rescue procedures.
- Riding in JVFC emergency vehicles.
- Carrying and using heavy tools and appliances.
- Using and wearing a breathing apparatus (approx. 30 pounds).
- Using a fire hose and various small tools and appliances.
- Performing salvage operations at fire scenes.
- Extinguishing fires with extinguishers/fire lines.
- Ventilating buildings.
- Carrying and loading patients on stretchers.
- Exposure to infectious patients.
- Performing various emergency procedures at accident scenes.

I understand that some of these duties may occur on school nights. I understand that while on duty with the JVFC, he/she shall be covered under Frederick County Workman's Compensation insurance at no cost to myself if he/she is 16 years of age or older. Applicants under the age of 16 are NOT covered by Frederick County Workman's Compensation insurance and any injury costs will be borne by the parent/guardian.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_