



# Burtonsville Volunteer Fire Department, Inc.

P.O. Box 215, Burtonsville, Maryland 20866  
 Station: (240) 773-4715 Fax: (301) 879-1487  
 www.bvfd.com

## Application For Membership

### BURTONSVILLE VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

1. Please type, or print legibly. 2. Ensure that ALL sections are completed. 3. Provide <b>COMPLETE</b> reference information 4. Mail, or deliver to firehouse in an envelope, clearly marked "MEMBERSHIP COMMITTEE." 5. Be sure to sign & date in Section 7.	Date Received		Received By:	
	Check Type of Membership Requested Below		Check here if you are between age 16-18 (Parent or Guardian MUST Sign Section 7 if checked)	
	<input type="checkbox"/> FIRE	<input type="checkbox"/> ASSOCIATE		
	<input type="checkbox"/> EMS	<input type="checkbox"/> AUXILIARY		

### SECTION ONE: PERSONAL DATA

Name: Last	First	Middle	Cell Phone	Home Phone	Work Phone	
Address	Number	Street	Apt.	City	State	Zip

### E-Mail Address:

Name of BVFD Member Who Recruited Applicant	Names of Friends/Family Members Who Are BVFD Members
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### SECTION TWO: EMPLOYMENT

1	Current or Most Recent Employer	Month/Year Employment Started	Month/Year Employment Ended
	Complete Address	Reason For Leaving (Enter N/A if Not Applicable)	
	Your Title/Position/Job	Name & Title of Supervisor	Telephone Number
2	Prior Employer	Month/Year Employment Started	Month/Year Employment Ended
	Complete Address	Reason For Leaving (Enter N/A if Not Applicable)	
	Your Title/Position/Job	Name & Title of Supervisor	Telephone Number
3	Prior Employer	Month/Year Employment Started	Month/Year Employment Ended
	Complete Address	Reason For Leaving (Enter N/A if Not Applicable)	
	Your Title/Position/Job	Name & Title of Supervisor	Telephone Number

### SECTION THREE: REFERENCES: **Complete Info Required** DO NOT LIST RELATIVES

1	Name of Person Who Has Known You For Two or More Yrs.	Occupation	Number of Years Known
	Complete Mailing Address	Daytime Phone #	Email Address
2	Name of Person Who Has Known You For Two or More Yrs.	Occupation	Number of Years Known
	Complete Mailing Address	Daytime Phone #	Email Address
3	Name of Person Who Has Known You For Two or More Yrs.	Occupation	Number of Years Known
	Complete Mailing Address	Daytime Phone #	Email Address

**SECTION FOUR : EDUCATION & TRAINING**

Name of High School Attended	Year of Graduation/GED	Business or Vocational Schools Attended
Name of College/University Attended	Degree/Number of Credits	

**SECTION FIVE: FIRE/RESCUE/EMS EXPERIENCE**

Current/Previous Fire-Rescue-EMS Department Affiliation	Membership Dates	Telephone Number
Complete Address of Fire-Rescue-EMS Department (enter N/A if not applicable)		
List Ranks Held By You, As Well As Relevant Training (ie: Basic Fire Fighting, EMT, etc.) Attach Copies of Certificates		
Your Current Status With The Organization or Reason For Leaving		

**SECTION SIX: MISCELLANEOUS INFORMATION**

Yes	No	Place an "X" in the appropriate box. (If you answer "yes" to any question, please explain below.)
		Have you ever been convicted as an adult, of a criminal offense?
		Have you ever applied for membership in the Burtonsville Volunteer Fire Department before now?
		Have you ever applied, or been turned down for membership in any other Fire/Rescue/EMS Department?

**Briefly Describe Why You Are Interested In Membership [and] Any Other Comments**

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**SECTION SEVEN : CERTIFICATION AND AUTHORIZATION**

I certify that I have read and that I fully understand this application. I also certify that all of the information is true and complete to the best of my knowledge.

By signing this application, I am authorizing the Burtonsville Volunteer Fire Department, through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. By signing this application I am granting the B.V.F.D. access to all records and I authorize the release of all information held by any individual or organization. By signing this application, I am acknowledging that I understand that should any information given on, or as a result of this application, be false, misleading or erroneous, it may result in the rejection of my application for membership, or in my discharge from the B.V.F.D. I agree and understand that if this application is submitted online or electronically, my type-printed name on the signature line is legally binding, and is equal to my handwritten original signature.

I have reviewed the requirements of membership and I understand that the duties are physically challenging and that my membership will be dependent upon my successful completion of a physical (medical) exam and a drug screening, to be conducted by Montgomery County.

I also understand that as a part of the application process I will be required to be fingerprinted.

I agree to abide by all Bylaws, Policies and Procedures, Regulations and other directives of the Burtonsville Volunteer Fire Department, as well as all relevant laws, rules and regulations of the Montgomery County Government. I agree to assist, to the best of my ability, in the voluntary work necessary for the operation and maintenance of the Burtonsville Volunteer Fire Department, Incorporated.

I understand that my Social Security Number could help to expediate the processing of my application and provide it voluntarily. I also understand that my SSN and Date of Birth is not required by this application.

Signature of Applicant	SSN / Date of Birth (Optional)	Date
<b>Parental Authorization is Required for Any Applicant Under the Age of 18.</b>		
Signature of Parent/Legal Guardian	Date	Signature of Witness