

Arundel Volunteer Fire Department Membership Application

Contact Information

Name – FULL <small>first, middle, last, suffix</small>	
Nickname	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Mobile Phone	
Best time to call and which number	
E-Mail Address	
E-Mail Address 2	

Availability

During which hours are you available for volunteer assignments?

- | | | | |
|---|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sat/Sun |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <p style="text-align: center;">Administrative</p> <p><input type="checkbox"/> Committee Member</p> <p><input type="checkbox"/> Fire Prevention</p> <p><input type="checkbox"/> Fundraising</p> <p><input type="checkbox"/> Events</p> <p><input type="checkbox"/> Information Systems</p> <p><input type="checkbox"/> Newsletter production</p> <p><input type="checkbox"/> Volunteer coordination</p> | <p style="text-align: center;">Operations</p> <p><input type="checkbox"/> Firefighter</p> <p><input type="checkbox"/> EMT</p> <p><input type="checkbox"/> Both</p> |
|---|---|

Why Us

Why did you chose to volunteer with this department?

- | | | |
|---|---|--|
| <input type="checkbox"/> Area Resident | <input type="checkbox"/> Family lives in the area | <input type="checkbox"/> On a Recommendation |
| <input type="checkbox"/> Work in the area | <input type="checkbox"/> I have no idea | <input type="checkbox"/> Other |

Please Explain _____

Personal Information

Sex	Male Female
Birthday	____/____/____
Legal US Citizen	YES NO
Social Security Number	____-____-____
Drivers License Number	
Drivers License State	
<small>If not a MD license you will need to provide a certified copy of your driving record</small>	
Drivers License Class	
Drivers License Expiration	____/____/____
Clean Driving Record?	YES NO
<small>If not you will need to provide a certified copy of your driving record</small>	

Occupation

Please list a 5 year employment history

Name of Employer	
Dates of Employment	____/____/____ - ____/____/____
Supervisor	
Phone Number	
May we contact	YES NO
Duties and why did you leave	
Name of Employer	
Dates of Employment	____/____/____ - ____/____/____
Supervisor	
Phone Number	
May we contact	YES NO
Duties and why did you leave	
Name of Employer	
Dates of Employment	____/____/____ - ____/____/____
Supervisor	
Phone Number	
May we contact	YES NO
Duties and why did you leave	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experiences

Summarize your previous volunteer experience.

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References

Please list at least two professional and one personal reference

Professional #1	
Name	
Phone Number	
Professional #2	
Name	
Phone Number	
Personal #1	
Name	
Phone Number	
Personal #2	
Name	
Phone Number	

Background Information

Have you ever been convicted or have pending charges of a criminal offense? YES NO

If YES please define	
Date of offense #1	____/____/____
Charge details	
Location - State	
Disposition	
Date of offense #2	____/____/____
Charge details	
Location - State	
Disposition	
Date of offense #3	____/____/____
Charge details	
Location - State	
Disposition	
Date of offense #4	____/____/____
Charge details	
Location - State	
Disposition	

Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

To the Officers, Board, and members of the Arundel Volunteer Fire Department (AVFD). I present myself as a candidate for membership, and if accepted, I will subscribe to the constitution, bylaws, orders, and procedures of the AVFD.

I understand that volunteering can be a rewarding experience but there are certain obligations I must meet in order to remain in good standing in the department. I agree to attend the monthly meeting and drills, to complete EMT Basic or Fire Fighter I training within the first year of my membership; to assist with the department's public and community relations efforts; and to assist with maintenance and other tasks as assigned. I understand that it is expected that I will attend a combination of at least six events during my twelve months of probation. The events can include drills, company meetings, fundraisers, station cleanups, tours of the firehouse, and community relations events. If I cannot meet an obligation, I will notify the appropriate officer or the President immediately to request to be excused. I further agree to carry through with any responsibilities that I may take on as a member. If I fail to meet the obligations, I realize that my membership may be suspended or terminated by the Chief, President or the Board of Directors.

I promise that while I am performing volunteer duties, I will act responsibly, ethically, and maturely. I understand that at certain times, information I obtain as a firefighter and EMT must be kept confidential, and I promise not to breach confidentiality. I will also proudly wear my uniform in a clean and professional manner. I will do my best to protect and serve members of my community, and I will support the department to the best of my ability. I will remember that safety is a priority while performing my duties in this department.

I promise to pay annual dues to the department when due. I also promise to return all items issued to me by the AVFD. I understand that I am in a probationary, non-voting status during my first twelve months as a member in the department. The probationary period ends only after an affirmative vote by the general membership of the AVFD.

If I find it necessary to terminate my membership with the department, I promise to notify the Membership Committee in writing.

By my signature, I understand and agree to carry out the promises made above.

I agree to abide by the Constitution and Bylaws of the company, and all rules and regulations set forth by the Board of Directors and the Company.

My signature on this application indicates that I understand that the job of a firefighter or medical attendant is physically challenging and that my membership is dependent upon my successful completion of a physical examination.

I hereby authorize Anne Arundel County and/or the Arundel Volunteer Fire Department to investigate any and all statements made herein. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

ADA NOTICE

**Arundel Volunteer Fire Department
2380 Davidsonville Road
Grambrills, Maryland 21054**

The Arundel Volunteer Fire Department building at 2380 Davidsonville Road was constructed prior to 1992 when the Americans with Disabilities Act became effective. In 2009, the AVFD sought guidance from Anne Arundel County Fire Department headquarters to see if the building could be made handicapped accessible.

At that time the Anne Arundel County Department of Central Services surveyed the building to identify possible solutions and their costs. Also during this time, the Office of Law researched the County's legal obligations in this matter.

The survey conducted by Facilities Management revealed that there are no readily achievable remedies to the problem. The review by the Office of Law indicates, in brief, that the County has no obligation under ADA to provide any remedies to this situation.

The County has recommended that Individuals who require handicapped access are advised to join a volunteer company that has an ADA accessible building so that they may more fully participate in the activities open to volunteers.

I have read and understand the above:

Print Name of Applicant

Signature of Applicant and Date

Print Name of AVFD Witness

Signature of Witness and Date

VOLUNTEER APPLICANTS UNDER THE AGE OF 18

**Arundel Volunteer Fire Department
2380 Davidsonville Road
Gambrills, Maryland 21054**

Volunteer Applicants under the age of 18 years

If your application is accepted, you will be on probation for 12 months and you will be assigned a mentor who will familiarize you with the rules, policies and procedures of the AVFD and the activities which you can participate in.

By law, you may be at the firehouse ONLY WHEN SUPERVISED BY AN ADULT VOLUNTEER MEMBER until you are 18 years of age. If the member leaves or goes out on a call, YOU MUST LEAVE THE BUILDING and return home. DO NOT COME TO THE FIREHOUSE UNLESS YOU HAVE TRANSPORTATION HOME IN THE EVENT YOU HAVE TO LEAVE THE BUILDING. Many days there are very few volunteers at the firehouse before 4 PM as they all have jobs.

YOU CANNOT BE IN THE FIREHOUSE OR ON FIREHOUSE GROUNDS AFTER 10 PM ON ANY DAY. The only exception to that would be if you were attending an official function that was still in session at that hour.

You will be given the keypad security code for the firehouse. DO NOT DISCLOSE THIS CODE to anyone or discuss it with anyone who is not a member of our firehouse. Use it to enter the firehouse whenever the bay doors are not open. Always be certain the door is closed behind you when you enter or leave.

The phones at the fire department are for official business. DO NOT ANSWER ANY FIREHOUSE PHONE or attempt to make calls from them.

The firehouse is a dynamic place which is responding to a lot of emergency calls throughout the day. ALWAYS MAINTAIN A PROFESSIONAL DEMEANOR AND REMAIN CALM AT ALL TIMES. When a call is broadcast, move completely away from all the apparatus. The responding firefighters will be in a hurry and must have a clear path to the vehicles. As the vehicles leave the building, the large yellow and black exhaust ventilation hoses will detach from the apparatus and swing down into the bay. Stay clear of them.

Training provided by the Anne Arundel County Fire Department (AACoFD) or Maryland Fire and Rescue Institute (MFRI) may or may not be available to you at this time. In order to attend Anne Arundel County Fire Department or Maryland Fire and Rescue Institute (MFRI) training you must receive a recommendation from the AVFD and have that recommendation accepted by the AACoFD and/or MFRI. You are encouraged to attend drills and training scheduled by AVFD officers at the station. The schedule for these drills and training is announced at company meetings (the first Tuesday of every month) and on station bulletin boards.

In the beginning, you should plan to go to the firehouse about 4 hours a week. That can be all at once or over a day or two. If you have been given a fingerprint code, you should remember to check-in and check- out at the fingerprint reader whenever you go. Remember, by law, you can only be at the firehouse under the direct supervision of a designated adult volunteer.

I have read and understand the above:

Signature of Applicant _____
Signature of Parent or Guardian _____
Signature of AVFD Witness _____ Date _____

ADMINISTRATIVE ONLY

Date application received _____/_____/_____

Contact attempt _____/_____/_____

_____/_____/_____

_____/_____/_____

Interview _____/_____/_____

Voted in (membership date) _____/_____/_____

Date Probation Ends _____/_____/_____