

FUNKSTOWN

VOLUNTEER FIRE COMPANY, INC.

2 SOUTH WESTSIDE AVE.
P.O. BOX 670
FUNKSTOWN, MARYLAND 21734-0670

EMERGENCY FIRE RESCUE POLICE DIAL 911
BUSINESS PHONE (301) 790-0090

APPLICATION FOR MEMBERSHIP

Application is to be filled out in applicant's own handwriting
Please include a copy of your Driver's License
You and your references may be contacted for interview
You will be notified formally by mail as to the outcome of your pending application

Date: _____

Name: _____ Social Security Number: _____

Mailing address: _____

Phone Number: _____ Date of Birth: _____

In case of emergency, please notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

Employer: _____ Work Phone: _____

Job Title: _____ Type of Work: _____

List Driver's License number and state: _____ Class: _____

Do you currently belong to or have you ever belonged to another fire or rescue organization? _____

If so, on back of application please list: all organizations, dates to and from membership, membership status, positions held if any and reasons for leaving if no longer affiliated.

Have you ever been arrested and/or convicted of any crime other than a traffic violation? _____. If so, please explain on back of application.

Education:

High school: _____ did you graduate: _____

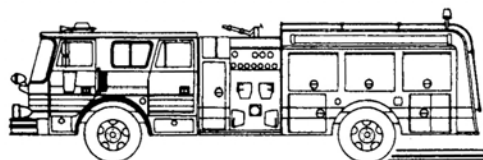
College: _____ did you graduate: _____

Fire, rescue and any emergency medical training:

_____ Date completed: _____

_____ Date completed: _____

Continue list on back of application



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References:

Please list three persons not related to you and you have known for at least two years.

Name #1: _____ Address: _____

Phone number: _____ Occupation: _____

Name #2: _____ Address: _____

Phone number: _____ Occupation: _____

Name #3: _____ Address: _____

Phone number: _____ Occupation: _____

Personal information:

Age: _____ Sex: _____ Weight: _____ Height: _____ Marital status: _____

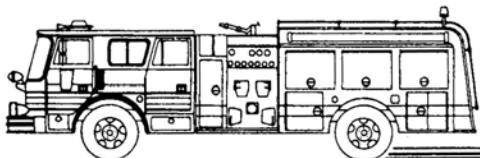
If applying for active membership, do you have any physical impairment that could affect your performance in the line of duty as a firefighter? _____ if so, please explain on back.

Answer each question yes or no. Have you ever suffered from or consulted a physician for:

- | | | | |
|--|--|--|---------------------------------------|
| Convulsions <input type="checkbox"/> | Dizziness <input type="checkbox"/> | Fainting spells <input type="checkbox"/> | Epilepsy <input type="checkbox"/> |
| Loss of consciousness <input type="checkbox"/> | Mental illness or breakdown <input type="checkbox"/> | Shortness of breath <input type="checkbox"/> | |
| Nervous disorder <input type="checkbox"/> | Heart attack <input type="checkbox"/> | Stroke <input type="checkbox"/> | Tuberculosis <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Emphysema <input type="checkbox"/> | Hemorrhoids <input type="checkbox"/> | Colitis <input type="checkbox"/> |
| Eye trouble <input type="checkbox"/> | Arthritis <input type="checkbox"/> | Rheumatism <input type="checkbox"/> | back trouble <input type="checkbox"/> |
| Knee trouble <input type="checkbox"/> | Hernia <input type="checkbox"/> | Anemia <input type="checkbox"/> | Broken bones <input type="checkbox"/> |
| Dislocations <input type="checkbox"/> | Ear trouble <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Hepatitis <input type="checkbox"/> |
| HIV <input type="checkbox"/> | Other: <input type="checkbox"/> _____ | | |

Have you ever had a major surgical procedure? _____ If so, what for: _____

Are you currently under a doctor's care? _____ If so, what for: _____



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Have you ever applied for, or received benefits or pension because of accident, extended sickness, or disability? _____

Have you ever been refused employment or been discharged by the armed forces because of a medical condition? _____

Are you currently taking medications? _____ Please list if any _____

Do you personally know any members of this department? _____

Have you ever applied to membership of this department before? _____ If so, when? _____

Why do you wish to join the Funkstown Vol. Fire Department?

What is your intended status: Active (Firefighter) Social (Administrative)

I understand that any misrepresentation or omission of facts given on this application or during an interview is cause for dismissal or refusal into this organization.

Applicants under the age of 18 must include: parental letter of consent, parent's signature for application, and if accepted will be required to obtain a work permit.

Signature: _____ Date: _____

Parent if under 18: _____ Date: _____

For Department Use Only:

Interviewed By: _____ Comments: _____

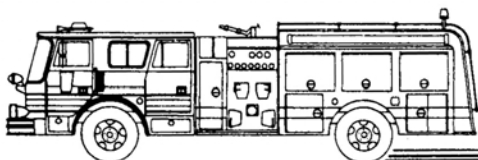
References' Contacted By: _____ Comments: _____

Application: (circle one) Accepted Rejected Date of Meeting: _____

Probationary Review Due: _____

Probationary Review Outcome: (circle one) Accepted Rejected Date of Meeting: _____

Entered into LOSAP By: _____ Date: _____



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