



Marital Status: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's address & phone (if different):

\_\_\_\_\_  
\_\_\_\_\_

**Emergency contacts:**

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Phone #2: \_\_\_\_\_

**Beneficiary:** (If not primary contact)

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

Phone: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**References:**

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Have you even been convicted of any criminal offenses?      **!** Yes      **!** No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been barred from, or refused membership in any other vol. fire company, fraternal organization, or social club?

**!** Yes      **!** No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of another volunteer fire company in Harford Co?    **!**Yes    **!**No

What is your reason for wanting to become a member of the Fallston Vol. Fire & Ambulance Co., Inc.?

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Type of membership requested:

- !**    General:    Over the age of 18. Attends a percentage of company meetings. Makes a set number of collateral credits each year.
  
- !**    Fire:    Interested in riding fire suppression equipment and taking part in related training exercises.
  
- !**    E.M.S.:    Interested in riding emergency medical equipment and taking part in related training exercises.
  
- !**    Adjunct:    Wishes to assist the company in any manner. Has no interest in riding the equipment.

Previous fire or E.M.S. training: (MFRI, MIEMSS, Fire dept., etc.)

<u>Course</u>	<u>Certification #</u>	<u>Date rec'd</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any other skills or training that would be of interest to the fire company, please list below:

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I hereby authorize the Fallston Volunteer Fire & Ambulance Co, Inc. (the "company") and it's agents to investigate all statements contained in the application, to investigate my background, and obtain information concerning my qualifications as a prospective member. In conjunction with this investigation, I authorize any fire, rescue, or ambulance company where I have been affiliated, or references listed previously to give the company any and all information they may have regarding my performance and capabilities for the position I have applied for. I also authorize the company to release such information as necessary to those members or agents of the company who require such information to investigate or make a decision with respect to any matter pertaining to my membership.

I certify the information contained in this membership application is true, complete, and correct to the best of knowledge. I understand that any misstatements or omissions in this application may result in the company refusing to accept me as a member, or if granted membership, in the immediate termination of my affiliation to the Fallston Volunteer Fire & Ambulance Company, Inc.

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Signature of applicant

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Date

If under 18years of age, a parent or legal guardian's signature is required, and a work permit must be on file before membership activities can occur.

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Signature of parent / guardian

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Date

Receipt of Company S.O.P.'s

I, \_\_\_\_\_ acknowledge receipt of Fallston VFAC S.O.P.'s (By-laws)  
(Print Name)

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Applicant Signature

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Date

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Membership Committee witness

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Date