



Woodland Beach Volunteer Fire Department

529 Londontown Road, Edgewater, Maryland 21037

(410) 956-3100 (410) 222-8202

ALL INFORMATION MUST BE PRINTED NEATLY OR WILL BE REJECTED

Date: _____

Type of Membership Riding
 Administrative

PERSONAL DATA

Name: _____
Last Suffix First Middle

Nickname/Preferred Name: _____

Social Security Number: ____ - ____ - ____ Date of Birth ____ / ____ / ____

U.S. Citizen? _____ Sex: M / F Birth Place: _____

Home Address: _____
Street Apt City State Zip

Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____

Occupation _____ Work Phone Number (____) ____ - ____

Pager: (____) ____ - ____ Other: (____) ____ - ____ Email: _____

Driver License No _____ State: _____ License type: _____

Has your driver's license ever been Suspended/Revoked? _____

If yes, explain giving dates, etc... _____

FIRE/EMS Experience

Have you ever applied, or been a member of the Woodland Beach Volunteer Fire Department? _____

If yes, date applied: ____ / ____ / ____ Date left: ____ / ____ / ____ Reason: _____

Have you ever served in another FIRE/EMS department? _____

If yes, complete the following:

Name of Department: _____ Dates of Service ____ / ____ / ____ - ____ / ____ / ____

Address: _____ From To

Name/Telephone number of Company Officer we can contact about your membership while there

Name: _____ Rank: _____ Phone: (____) ____ - ____

State highest fire department Rank you have held: _____

List any Fire, EMS, Rescue or related courses you have taken and where/how obtained:

(Example: Basic Firefighting, Emergency Medical Technician etc...)

(Name of School, Course, etc...)

1. _____
2. _____
3. _____
4. _____

Attach photocopy of any certificates earned

EMPLOYMENT/VOLUNTEERING

Current Employer _____

Address: _____

Street

City

State

Zip

Phone Number: (____) ____ - ____ Dates Employed: ____/____/____ - ____/____/____
From To

Previous Employer _____

Address _____

Street

City

State

Zip

Phone Number: (____) ____ - ____ Dates Employed: ____/____/____ - ____/____/____
From To

EDUCATION/INTEREST

Any Special Skills, interests or hobbies: _____

Foreign Languages spoken or read: _____

Name and location of last high school attended: _____

Highest Grade completed: _____

Name and location of college or university attended: _____

Number of Credits/degree earned: _____

Other relevant training that should be included in your fire service file: _____

REFERENCES

Read Carefully: List as character references three persons whom you have known for at least three years and who are not related to you. Do not list any past employers.

1. _____

Name

Phone

Relationship: _____ Years known: _____ Position/Occupation: _____

2. _____

Name

Phone

Relationship: _____ Years known: _____ Position/Occupation: _____

3. _____

Name

Phone

Relationship: _____ Years known: _____ Position/Occupation: _____

GENERAL

Have you ever been charged or convicted of criminal offense in an adult court? _____

If so, give details including charge, location and disposition of case. _____

I hereby authorize the Anne Arundel County and/or Woodland Beach Volunteer Fire Department to investigate any and all statements made herein. I understand that any false statements or an omission of information requested is cause for rejection of my application.

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

Riding Members Only: My signature on this application indicates that I have read the job description of the position for which I applying. I further understand that the job of a firefighter or medical attendant is physically challenging. I also understand that my membership is dependent upon successful completion of a physical examination and background check that is to be conducted by the Anne Arundel County Fire Department

The application fee is \$25.00 and must be paid prior to you being interviewed by the membership committee.

Signature of Applicant: _____ Date: ____/____/____

Parental Authorization required for all applicants under the age of 18

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

Signature of Witness: _____ Date: ____/____/____

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For Fire Company Use Only

(additional info. refer to tracking form)
(Signature of Approval, if denied explain in space provided)

Interviewed by: _____ **and** _____ **Date/Time:** _____

Application Fee Paid: Yes / No Cash / Check (Chk # _____) **T-Shirt Size:** _____
Attached copy of check to application

Board of Directors: Approved / Denied / Tabled Date: _____
(If denied or tabled explain below)

General Membership: Approved / Denied / Tabled Date: _____
(If denied or tabled explain below)

Probation Dates:
Begin Date: _____ Review Date: _____
End Date: _____ (Extension: _____ New End Date: _____)

Explanations: _____

