



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
VOLUNTEER MEMBERSHIP REFERRAL



Upper Montgomery County Volunteer Fire Department
19801 Beallsville Rd, Beallsville, Maryland 20839

Position applying for: Firefighter/EMS _____ EMS _____ Auxiliary _____ Admin _____

PERSONAL DATA

PLEASE PRINT CLEARLY

Name _____
First Last Middle

Email Address: _____

Nickname/Preferred Name _____

Home Address _____

_____ *City State Zip code*

Telephone: Day _____ Evening _____ Cell _____

Occupation _____ Age _____

Driver's License No. _____ State _____ Type _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, explain giving dates, etc.

FIRE/RESCUE/EMERGENCY MEDICAL EXPERIENCE

Have you ever applied to or been a member of this department before? Yes _____ No _____

If yes, date applied/membership dates: _____

Reason(s) for leaving: _____

Have you ever served in another fire department, rescue squad or other emergency service organization?

Yes _____ No _____

Name of organization: _____ Telephone No.: _____

Address: _____

_____ *city* _____ *state* _____ *zip code*

State highest rank held or certifications _____

Reason(s) for leaving: _____

TRAINING

Emergency Service Training/Education/Certification, course title, where taken and number of class hours:
(Examples-Essentials of Firefighting, 125 hours, EMT-B)

EMPLOYMENT

Current Employer _____

Address _____

_____ *city* _____ *state* _____ *zip code*

Telephone Number _____ Dates employed _____ *from* _____ *to* _____

EDUCATION

Highest grade completed _____ Name and location of last high school attended _____

Did you graduate? yes _____ no _____ Date of graduation _____

Date of GED _____

Name and location of college or university attended _____

Number of credits or degree(s) awarded _____

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

Special skills, interests or hobbies _____

Foreign languages spoken and/or read _____

GENERAL

Have you ever been convicted/sentenced/placed on probation for a criminal offense or traffic offense in an adult court? (minor traffic offenses may be omitted). yes _____ no _____

If yes, give details, including date, charge, location and disposition of the case _____

REFERENCES

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I certify that the information provided in this form is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in a delay or possible rejection of my application for membership.

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* _____

How did you hear of this volunteer opportunity?

<input type="checkbox"/> Poster	<input type="checkbox"/> County Fair
<input type="checkbox"/> Gazette Ad	<input type="checkbox"/> Internet (specify Website):
<input type="checkbox"/> TV Ad	<input type="checkbox"/> Personal Contact (name):
<input type="checkbox"/> School Event	<input type="checkbox"/> Other (specify):

****OFFICE USE ONLY****

Application Received on: _____