

Kingsville Volunteer Fire Company

FIRE-EMS-RESCUE SERVICES

Thank you for your interest in joining the Kingsville Volunteer Fire Company. Everyday we take great pride in protecting and serving our community. Please read all of the information below before completing the application.

Membership Application

Please fill out everything on the application in its entirety and to the best of your ability.

If you are under 18 years of age, please make sure you have a parent or guardian sign the application and include a copy of your most recent report card. **Have a parent or legal guardian attend orientation night in order to assist us in processing all necessary paperwork.**

All membership types will have a 1 year probationary period that must be successfully completed to obtain full membership within the company.

All classes specified in membership types are provided at no cost to applicant.

If you have any questions or concerns while filling out the application, or the application and probationary member process please contact John Cromwell at jcffpm@msn.com or Tammy Burns at tamster@zoominternet.net.

DATE Turned into Station: _____

(Completed by 48 members when turned in)



KINGSVILLE



VOL. FIRE CO.

BALTIMORE COUNTY

MARYLAND

EST. 1954

Kingsville Volunteer Fire Company

FIRE-EMS-RESCUE SERVICES

Application Date ___/___/___

T-Shirt Size: _____

Type of Membership(s) **FIRE** **EMS** **ASSOCIATE** **SWIFTWATER** **CADET**

Name (Last, First, Middle) _____

Address _____

Telephone: Home (___) ___-___-___ Cell (___) ___-___-___ Cell Service Provider _____

E-mail _____

Driver's License Number _____ Class _____ State _____ Points _____

Date of Birth ___/___/___ Age _____

Emergency Contact _____

Address (number, street, city, state, zip) _____

Telephone Number _____-_____-_____ Relationship _____

V _____ (Membership Committee Only)

DOE _____ (Membership Committee Only)

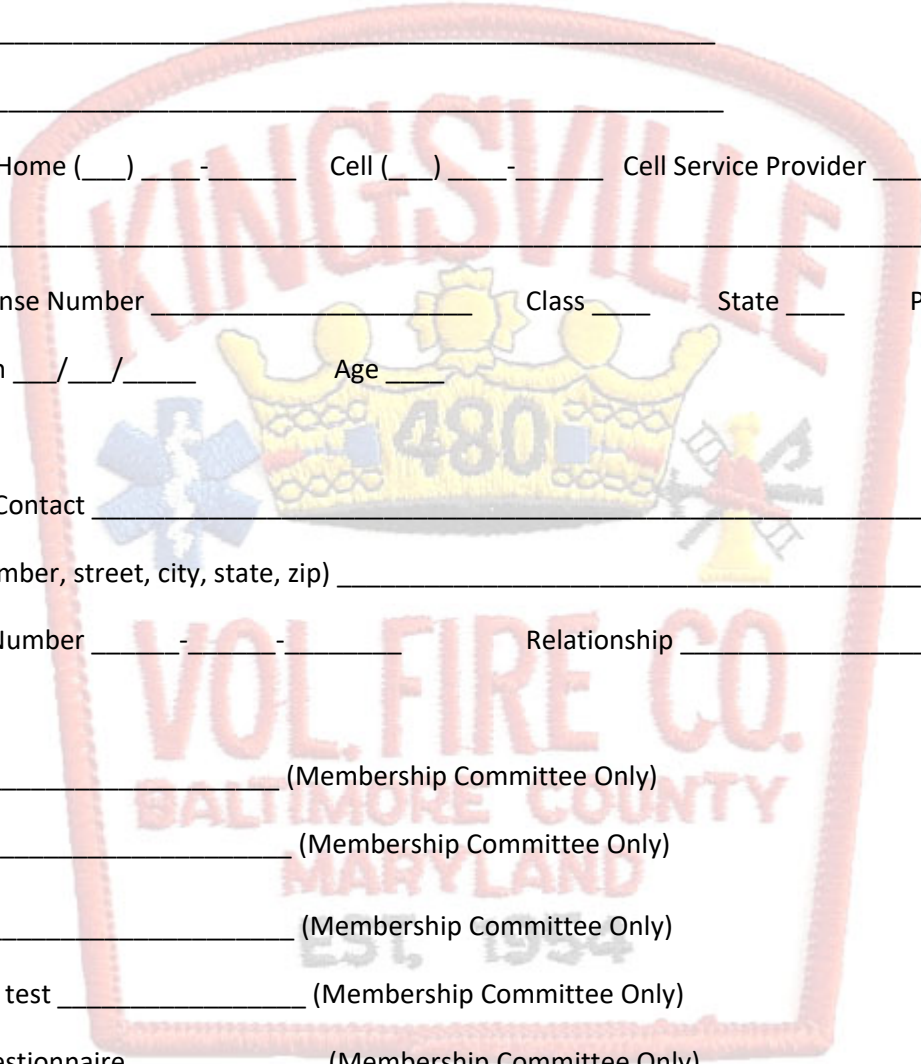
DOV _____ (Membership Committee Only)

Drug Screen test _____ (Membership Committee Only)

Physical Questionnaire _____ (Membership Committee Only)

Appendix A (doctors) _____ (Membership Committee Only)

Cadet Entry Date _____ (Membership Committee Only)



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Current Employer _____ Phone Number ____/____/____

Address _____

Supervisor's Name and Contact number _____

Employment Dates _____ to _____

References: Give the names of three people not related to you, whom you have known for at least two years. (Name, Email, Phone Number)

Are you currently a member of any other Fire, EMS, or Rescue Company? YES NO

If yes where: _____

Have you ever previously belonged to or applied to any other Fire, EMS, or Rescue Company?

YES NO If yes where: _____

Have you ever been rejected, suspended, or expelled from this and or any other volunteer Fire, EMS, or Rescue Company? YES NO If yes, please explain _____

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If under the age of 18 please provide your guardians information below:

Name: _____

Address: _____

Phone number: _____

Email: _____

Emergency Contact: _____

Only for the CADETS:

School: _____ Grade: _____

Mother: _____ Cell: _____ Email: _____

Father: _____ Cell: _____ Email: _____

As a member of the Kingsville Volunteer Fire Company Cadet Program, you will be on probation for a period of six months. At the end of that time the company will vote you on to become an active member in good standing. You must have met all of the requirements to come off of probationary status. In order to accomplish this you must attend meetings, fundraisers and trainings. Please talk with the advisor on what is coming up and how you can accomplish this goal.

READ CAREFULLY: I agree, by signing this application, as a condition of my membership, I will loyally obey the Constitution and By-Laws and Standard Operating Procedures of the Kingsville Volunteer Fire Company and Cadet Program.

Signature: _____ Date: _____

Parent / Guardian: I, the undersigned legal parent or guardian of the above-named child. Hereby give my consent for my child to be a member of the Kingsville Volunteer Fire Company Cadet Program.

Signature: _____ Date: _____

Kingsville Volunteer Fire Company

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New Member Info for Address List:

Name: _____

Status: _____

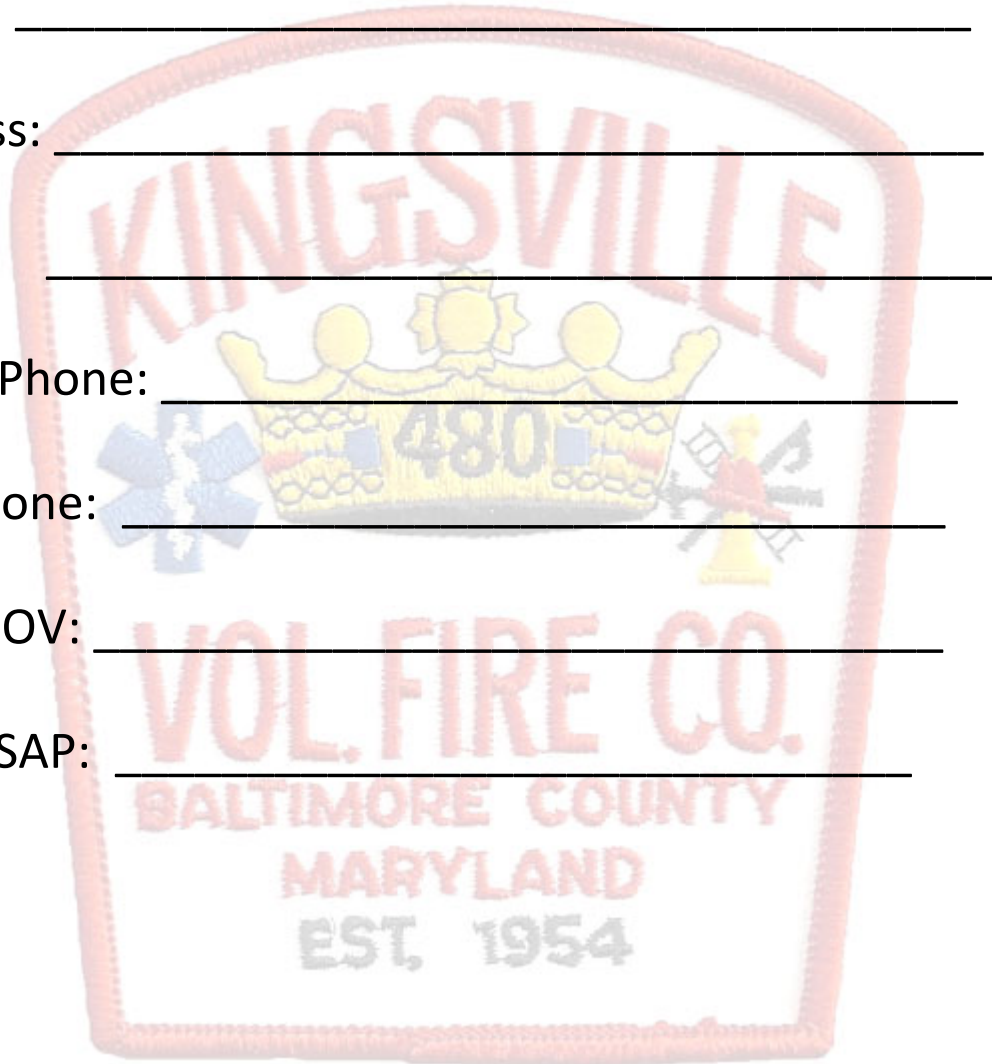
Address: _____

Home Phone: _____

Cell Phone: _____

DOE/DOV: _____

Co. LOSAP: _____





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NEW MEMBER LOSAP

Full Name: _____

Address:

Date of Birth: _____

Social Security #: _____

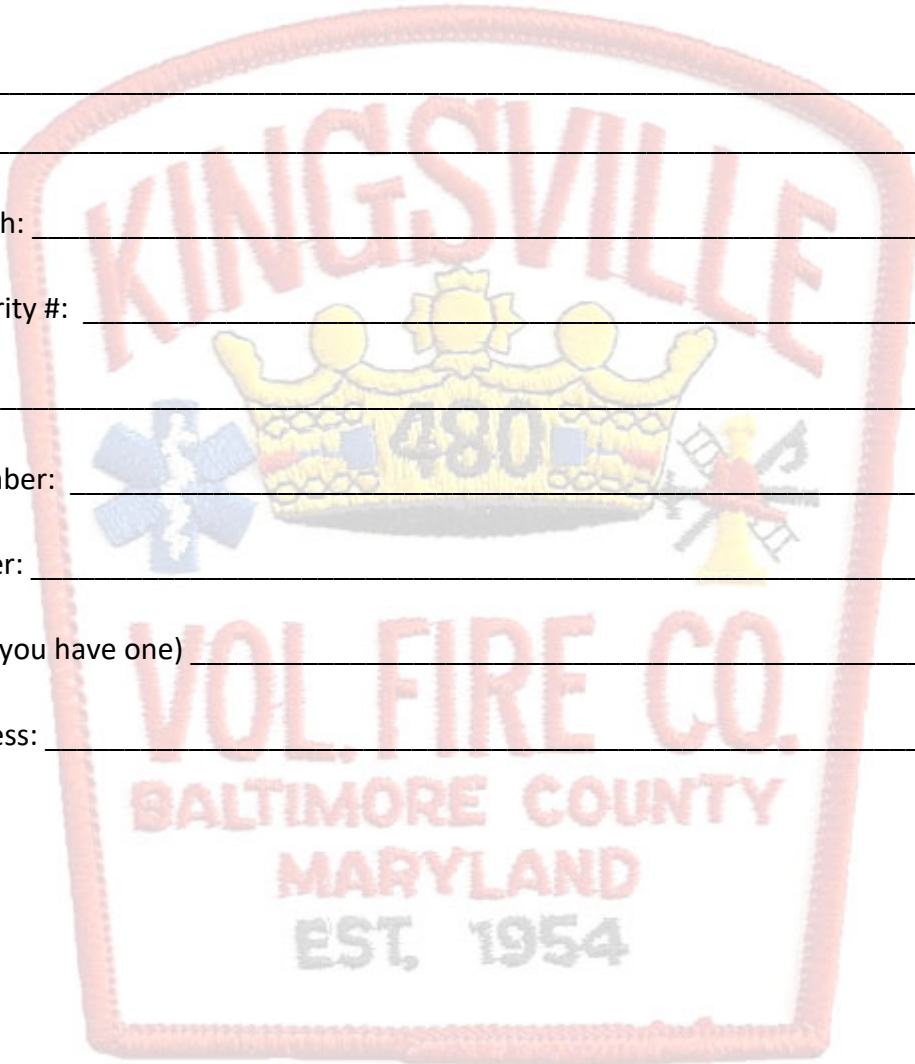
Fire/EMS: _____

Phone Number: _____

Cell Provider: _____

LOSAP # (if you have one) _____

Email address: _____



F. Ninos



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Please read the following statement carefully before signing

All applicants applying for membership in the Kingsville Volunteer Fire Company must have a drug test, which will be supplied through the fire company. This test must occur within 72 hours after orientation with the Membership Committee. If the test returns drug free, you will be accepted into the company and will begin your one-year probationary period.

Full Signature _____ Date _____

NOTE: All applicants under the age of 18 years of age must have the signature of the parent or legal guardian for drug testing.

I give consent for the above applicant to have drug testing through the Kingsville Volunteer Fire Company.

Signature of Parent/Guardian _____ Date _____

