



Cobb Island Volunteer Fire Dept. & EMS, Inc.

Charles County
Company 6

P.O. Box 156
Cobb Island, MD
20625

(301) 259-4258

(301) 259-4350

Application for CIVFD Membership

Interest: Operational (Fire/EMS) Administrative

Full Name: _____

Alias/Maiden Names: _____

Street Address: _____

Mailing Address(if different) _____

City, State, Zip: _____

Home Tel: _____ **Cell #:** _____

Please list previous addresses on the last page of application, to include the past 7 years.

PERSONAL INFORMATION:

Birthdate: _____ **Age:** _____ **SSN:** _____

Drivers License Number: _____ **Class:** _____

A copy of your driver's record (non-certified copy) must be submitted with this application.

It is available from the counter at the Motor Vehicle Administration, or online from https://secure.marylandmva.com/eMVAServices/VRR/DrRecord_Entry.asp?sku=drrecord

Employer: _____ **Occupation:** _____

If under age 18, please complete the following:

**Name of Parents
or Legal Guardians:** _____

Parent's Address (if different): _____

Parents Work Telephone: _____

School currently attending: _____ **Grade:** _____

With this application, you need to provide a copy of your most recent report card, a *signed Work Permit*, and your parent's signature on this application.

All applicants must answer the following questions. Provide any additional narrative or explanations on the last page of this application. Please note, the answers provided here may be disclosed to the general membership in consideration of your membership application. All applicants over 18 will be subject to a background investigation.

1. Have you ever been convicted of any of the following:

- A. Traffic violations YES, in last 5 years YES, over 5 years ago never
B. Points on driver license YES, in last 5 years YES, over 5 years ago never
 **** How many points currently on your driver license _____**
C. Narcotics offenses YES, in last 5 years YES, over 5 years ago never
D. Criminal offenses YES, in last 5 years YES, over 5 years ago never

**** If you answered YES to A, B, C, or D above, please provide date, offense, and current status for each****

2. Have you ever been a member of the Cobb Island VFD & EMS, Inc. in the past?

- NO YES *If yes, provide dates of membership.*
What caused you to leave CIVFD?

Why do you want to re-apply to CIVFD?

3. Have you ever belonged to any other Fire or E.M.S. Department?

- NO YES *If yes, provide name/dates of membership.*

4. Have you ever taken formal (MFRI or equivalent) training in Fire or EMS (including CPR)?

- NO YES *If yes, provide name/dates of classes and submit proof of completion (certificates, transcripts, class cards, etc.)*

5. Do you have any health or mental health issues that may impact your performance as a member of this organization? NO YES *If yes, provide details.*

6. List highest education completed: Still in school High school/GED College Other

**** Please list any additional skills you have which may be useful to the organization: (ie; mechanical, computer, carpentry, etc.) _____**

In order for the application to be submitted to the membership, the applicant must have completed and turned in all required information (driving record, work permit, report card). This application must be submitted to the Membership Committee for review. When completed, the application package will be presented at the next monthly meeting. If approved, the member is given probationary status for one year. At the end of that time, a vote for full membership will be taken by the active members of the department. Full membership is dependent on attendance at drills, meetings, events, demeanor, and other actions.

By signing below, the applicant agrees to the application processes, requirements noted, and also agrees to abide by the rules, regulations, and bylaws of the organization. The applicant also affirms that all information provided is true to the best of his/her knowledge, and understands that the penalty for false or incomplete information on this application will be immediate expulsion from this organization.

Release of information applies to those 18 years of age or older.

I hereby authorize the Cobb Island Volunteer Fire Department & EMS Inc, or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Applicant Signature: _____ Date: _____

Parent's Signature:(if under 18) _____ Date: _____

Previous addresses: 1: _____
2: _____
3: _____
4: _____
5: _____
6: _____
7: _____

Additional information (if needed) for:

1. **A:** _____
B: _____
C: _____
D: _____
2. _____

3. _____

4. _____

5. _____

Interviewed by _____ **on** _____

Approved **Not Approved by Membership Committee** _____

Approved **Not Approved by Vote of the Members** _____

“Buddy” partner assigned: _____ **Probation ends:** _____

Denied, eligible to re-apply in 3 months **Denied, not eligible to re-apply**

Dates the following information was submitted: **Work Permit:** _____
Driving Record: _____
Other: _____