

# Providence Volunteer Fire Company "PVFC29" APPLICATION FOR MEMBERSHIP

FEE: 25.00

Rev: PVFC29 CO. MINUTES Jan 7, 2019

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|--|-------------|
| ----- INTERNAL OFFICE USE ONLY -----             |             |
| APPLICATION ISSUED BY: _____                     | DATE: _____ |
| COMPLETED APPLICATION AND FEE RECEIVED BY: _____ | DATE: _____ |

**FIREFIGHTER (EMERGENCY RESPONDER)**

**GENERAL (ASSOCIATE MEMBER)**

**APPLICATION FEE OF \$25.00 IS DUE BY SCHEDULED INTERVIEW. CASH OR CHECK MADE PAYABLE TO "PROVIDENCE VOLUNTEER FIRE COMPANY" ACCEPTED.**

AS A MEMBER OF THE PROVIDENCE VOLUNTEER FIRE CO, YOU UNDERSTAND YOU WILL BE REQUIRED TO GIVE **FREELY (NOT PAID)** OF YOUR TIME TO RESPOND TO EMERGENCY CALLS (EMERGENCY RESPONDER FIREFIGHTER), ATTEND MEETINGS, FUNDRAISERS, TRAINING EVENTS, DETAILS, ADHERE TO THE BYLAWS, AND RULES AND REGULATIONS OF THE COMPANY.

**YES INITIALS:** \_\_\_\_\_

AS AN **ASSOCIATE** MEMBER OF THE PROVIDENCE VOLUNTEER FIRE CO. YOU UNDERSTAND YOU ARE **NOT** CONSIDERED AN EMERGENCY RESPONDER OF ANY TYPE UNLESS ALL COMPANY REQUIREMENTS OF "EMERGENCY RESPONDER" MEMBER HAVE BEEN MET.

**YES INITIALS:** \_\_\_\_\_

AS A **PROBATIONARY MEMBER - ASSOCIATE (FIRST 12 MONTHS)** OF THE PROVIDENCE VOLUNTEER FIRE CO., YOU WILL BE REQUIRED TO COMMIT TEN (10) HRS/MONTH TO MAINTAIN MEMBERSHIP. PLEASE INDICATE AN ESTIMATE AMOUNT OF HOURS IN STATION (PVFC29) YOU CAN PROVIDE EACH MONTH.

**CHECK ONE:**  0-9 HRS/MO  10-19 HRS/MO  20-29 HRS/MO  30 or MORE HRS/MO

AS A **PROBATIONARY MEMBER – EMERGENCY RESPONDER (FIRST 12 MONTHS)** OF THE PROVIDENCE VOLUNTEER FIRE CO., YOU WILL BE REQUIRED TO COMMIT TEN (10) HRS/MONTH TO MAINTAIN MEMBERSHIP. YOU MAY BE GRANTED PERMISSION TO RIDE ALONG ON FIRE ENGINE AS AN "OBSERVER" AS AUTHORIZED BY CAPTAIN.

PLEASE INDICATE AN ESTIMATE AMOUNT OF HOURS IN STATION (PVFC29) YOU CAN PROVIDE EACH MONTH.

**CHECK ONE BELOW:**  0-9 HRS/MO  10-19 HRS/MO  20-29 HRS/MO  30 or MORE HRS/MO

ARE YOU AVAILABLE TO ENROLL WITHIN SIX (6) MONTHS, TO SUCCESSFULLY COMPLETE THE MFRI "FIRE-101" CLASS (approx. 120 HR program) WITHIN THE FIRST TWO YEARS UPON ENTRY INTO THE COMPANY TO BECOME AN EMERGENCY RESPONDER FIREFIGHTER?

Ref: mfri.org (Maryland Fire Rescue Academy) - Fire 101

**YES INITIALS:** \_\_\_\_\_

UPON DATE OF ENTRY INTO THE COMPANY, A COPY OF THE BYLAWS, and RULES, AND REGULATIONS OF THE PROVIDENCE VOLUNTEER FIRE COMPANY WILL BE PROVIDED.

PROCEED TO PAGE 2 >>>>

**WHY DO YOU WANT TO BECOME A MEMBER OF PROVIDENCE VOLUNTEER FIRE COMPANY?**

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**PERSONAL INFORMATION**

|                            |                      |                       |  |
|----------------------------|----------------------|-----------------------|--|
| <b>NAME</b>                |                      |                       |  |
| <u>LAST, FIRST, MIDDLE</u> | <u>DATE OF BIRTH</u> | <u>SSN (OPTIONAL)</u> |  |

|                        |             |              |                 |
|------------------------|-------------|--------------|-----------------|
| <b>CURRENT ADDRESS</b> |             |              |                 |
| <u>STREET</u>          | <u>CITY</u> | <u>STATE</u> | <u>ZIP CODE</u> |

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| <u>EMAIL ADDRESS (print clearly)</u> | <u>PHONE NUMBER (print clearly)</u> |
|--------------------------------------|-------------------------------------|

ARE YOU OVER 18 YEARS? YES:  NO:

*(IF UNDER 18, BUT AT LEAST 16 YEARS OF AGE, A PARENT OR GAURDIAN SIGNATURE IS REQUIRED):*

HOW LONG AT PRESENT ADDRESS? \_\_\_\_ YEARS \_\_\_\_ MONTHS

PREVIOUS ADDRESS: \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? YES:  NO:  (if YES, provide STATE ISSUED: \_\_\_\_\_ and

DRIVERS LIC. NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN **CONVICTED** FOR A **FELONY OR CRIMINAL** OFFENSE? NOT MINOR TRAFFIC VIOLATIONS.

YES  NO

*IF YES, PLEASE EXPLAIN:*

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PROCEED TO PAGE 3 >>>>

**FORMAL EDUCATION / MILITARY (CHECK ALL THAT APPLY)**

- HIGH SCHOOL     COLLEGE AND/OR TRADE SCHOOL     MILITARY (YEAR DISCHARGED) \_\_\_\_\_  
 CURRENTLY ATTENDING (YRS COMPLETED: \_\_\_\_\_)     GRADUATED: (YEAR) \_\_\_\_\_

| NAME OF SCHOOL(s) | CITY, STATE |
|-------------------|-------------|
|                   |             |

**VOLUNTEER SERVICE HISTORY**

Have you ever been a paid and/or volunteer Emergency Service Provider in the State of Maryland? **Y N**  
 additional space on page 4 if required

| ORGANIZATION | ADDRESS | PHONE | RELATIONSHIP |
|--------------|---------|-------|--------------|
|              |         |       |              |
|              |         |       |              |

**EMPLOYMENT HISTORY**

May we contact any of the employers listed below?  CHECK BOX IF YES    additional space on page 4 if required

| EMPLOYER | DATES EMPLOYED | SUPERVISOR | PHONE NUMBER |
|----------|----------------|------------|--------------|
|          |                |            |              |
|          |                |            |              |

**PERSONAL REFERENCES**

Personal References may be contacted **MUST LIST AT LEAST THREE (3)** additional space on page 4 if required

| NAME | ST. ADDRESS & ZIP | RELATIONSHIP | PHONE NUMBER |
|------|-------------------|--------------|--------------|
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|      |                   |              |              |
|      |                   |              |              |

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ADDITIONAL SPACE IF NEEDED

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE PROVIDENCE VOLUNTEER FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN. THIS APPLICATION MAY TAKE UP TO NINETY (90) DAYS TO PROCESS BEFORE APPLICANT IS BROUGHT TO VOTE BY THE GENERAL MEMBERSHIP OF THE COMPANY. I UNDERSTAND THIS APPLICATION BECOMES VOID IF NOT RETURNED WITHIN 30 DAYS TO THE MEMBERSHIP COMMITTEE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. APPLICATION FEE REQUIRED AT TIME OF SCHEDULED INTERVIEW.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
(IF UNDER 18 YRS OF AGE)

Thank you for your application for membership to Providence Volunteer Fire Company. Once your application is received, it will be reviewed by the membership committee. You will be contacted within up to 15 days to schedule an interview at the firehouse. All applications received must be completed in its entirety to be considered for interview. You may return your completed application to the firehouse located at 1416 Providence Road, Towson, MD 21286: 1. Place in Membership Mailbox located inside station. 2. You may also EMAIL a scanned copy of the application as an attachment to: [membership@pvfc29.com](mailto:membership@pvfc29.com) SUBJECT: "COMPLETED APPLICATION FOR MEMBERSHIP"

Sincerely,  
Jack Carroll, Providence Volunteer Fire Company Membership Chairman