

The Easton Volunteer Fire Department, Inc.

315 Aurora Park Drive
Easton, Maryland 21601
www.eastonvfd.org

"Service For Others Since 1808"

Telephone: 410-822-4848
Fax: 410-822-1970

Membership Application

To the Officers and Members of The Easton Volunteer Fire Department, Inc., I hereby make application for :

Associate Membership (non-fire) [] Cadet Membership (*under 18*) [] Regular Membership On Probation (fire/ems) []

My full name is _____
LAST FIRST MIDDLE MAIDEN

Mailing address _____

City, State, Zip _____

How long at this address? _____ Home Phone _____ Cell Phone _____ Work Phone _____

Height _____ Weight _____ Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____

Are you in good physical condition? Yes [] No []

Do you object to a physical examination? Yes [] No []

Do you have a valid Drivers License? Yes [] No [] If yes, please indicate:

State _____ License Number _____ Class _____

Occupation _____ Name of Employer _____

How long have you been employed by the above? _____ What hours do you work? _____

Have you ever been convicted of any motor vehicle violation? Yes [] No []

Have you ever been convicted of any other violation of the law? Yes [] No []

Are you currently on probation? Yes [] No []

Have you ever been a member of another Volunteer Fire or Ambulance Company? Yes [] No []

If yes, which company? _____

Contact Name _____ Phone Number _____

Check any training you have: CPR [] FIRST RESPONDER [] EMT-B [] CRT-I [] EMT-P [] EVOC []
FIREFIGHTER I [] FIREFIGHTER II [] HAZMAT AWARENESS [] PRO BOARD []

List (2) two personal references:

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

How did you hear about us?

Facebook _____ EVFD Website _____ Newspaper _____ TV Commercial _____ Other (please explain) _____

EVFD Member (if so who) _____

I hereby certify that all the information presented in this application is true to the best of my knowledge. I understand and acknowledge that if I have knowingly provided false or misleading information on this application, I will be subject to immediate dismissal. I authorize the Officers of the Easton Volunteer Fire Department, Inc. and the Membership Committee of said organization to conduct a full investigation of my background and the information listed, and further understand and acknowledge that if I am a cadet applicant, upon obtaining the age of 18, I will be transferred to Probationary Membership. I further that a prerequisite to Probationary Membership is a criminal background investigation. Any applicant with a criminal record of a felony will be refused a membership in the Easton Volunteer Fire Department, Inc. Any applicant may be refused membership for any reason relating to character, ability, of physical ability by the Officers and Members of said organization. I will not hold any members of the Easton Volunteer Fire Department, Inc. responsible for any information revealed, discussed, or presented during this investigation.

I acknowledge that I will receive a copy of the Active Service Standards upon interview with the Membership Committee, and that before being accepted as a Probationary Member, I must submit to, and pass, a physical examination and drug screen to be conducted by a physician determined by the Easton Volunteer Fire Department, Inc. If accepted as a Probationary Member, I promise to abide by the By-Laws and said requirements and to put forth my best efforts to advance the interests of said organization and the public which it serves.

Applicant's Signature _____ Date _____