Emmitsburg, Maryland
Vigilant Hose

Volunteer Fire Department
P.O Box 171
Emmitsburg, Maryland 21727
301-447-2728

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APPLICATION FOR MEMBERSHIP

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Position Applying for: [ ] Active Firefighter [ ] Auxiliary Member [ ] Social Member

Last Name: ________________________ First Name: ______________ Middle Initial: _____

Address: ______________________________________ Home Phone: __________________________

____ Work Phone: __________________________

Email Address: _______________________________________

Social Security Number: ___________________________ Pager Number: _____________________

Driver's License Number: ___________________________ Date Of Birth: _____________________

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In Case of Emergency Please Notify: ____

Address: ____

Home Phone #: _____________________ Work Phone #: ____________________ Other: __________

Doctor's Name: ______________________________ Phone Number: ____________________________

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High School: ______________________________________ Address: ___________________________

Highest Grade Completed: ________ Date Graduated: _________ Date of GED: ________________

College Attended: _________________________________ Degree Earned: ______________________

Address: ____ Credits Earned: ______________________

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Current Employer: ________________________________ Position Held: _______________________

Address: ____

Telephone #: ________________________________ Dates Employed: From _________ to ________

Previous Employer: __________________________ Position Held: ____________________________

Telephone #: ________________________________ Dates Employed: From: _________ to ________

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References: List three character references whom you have known for at least 3 years and who are not related to you. The references may not be past employers.

1. **Name: _________________________________ Phone #: _______________________________**

   Address: ____

2. **Name: ________________________________ Phone #: ________________________________**

   Address: ____

3. **Name: ________________________________ Phone #: ________________________________**

   Address: ____

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Have you ever been a member of Vigilant Hose Co. before? [ ] Yes [ ] No If Yes, Date: _______

Have you ever served in another Fire Department? [ ] Yes [ ] No If yes, Date: ____________

Name of Department: ____

Address: ____

Telephone #: _______________________________ Date of Service: __________________

Name of Current Chief: ____

Current Chief's Recommendation: ____

List the types of Fire/Rescue vehicles you have been authorized to drive:

a. __________________ b. ___________________ c. _________________ d. ____________

State the highest Rank you held: ____

List any Fire/Rescue/EMS or related courses you have taken and where/how obtained. ***Attach a copy of any certificates earned.***

a. ____

b. ____

c. ____

In a brief statement, please explain why you want to become a member of the Vigilant Hose Fire Department.

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Has your driver's license ever been suspended/revoked? [ ] Yes [ ] No If yes, explain circumstances, give dates of suspension and reinstatement:

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Have you ever been convicted of a criminal offense in adult court? [ ] Yes [ ] No If yes, give details, including charge, location, and disposition of case.

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I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein is true and complete to the best of my knowledge. I authorize the investigation of all statements made herein. I understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge from the Vigilant Hose Company. I also agree to uphold the rules, regulations and Bylaws of the Vigilant Hose Company.

I hereby authorize a police record check to be conducted as per Article 38A, of the annotated Code Of Maryland. If elected to membership, *I agree to provide a certified copy of my driving record from the Motor Vehicle Administration at my own expense.*

Upon resignation of my membership, I agree to return all items issued by the Department including but not limited to protective gear and any other items entrusted to me.

Applicant's Signature: ______________________________ Date: __________________