

Grasonville Volunteer Fire Department
Application for Membership

Name: _____

Street Address: _____

Mailing Address, If different: _____

Date of Birth: _____ Social Security Number _____

Home Phone #: (____) ____ - _____ Work Phone #: (____) ____ - _____

Drivers License # and State: _____

Occupation: _____

Employer: _____

Address: _____

If under 18 years of age, a work permit is required. Permit # : _____

Do you have any physical defects? _____ If so explain: _____

A physical examination is required upon entry to the fire department. The physical is then required every two years thereafter.

Have you ever held membership in any fire department, paid or

Volunteer? Yes: ____ No: ____ If yes please name: _____

Administrative Experience: _____

Firefighting Experience: _____

Civic organization: _____

Have you ever been convicted of anything other than a traffic violation?

Yes _____ No _____ If yes. Explain if full: _____

Do you plan on active membership? Yes _____ No _____

If yes, Firefighting _____ Administrative _____ Junior _____

Do you have any objection if we check any or all of these Statements? _____

In case of an emergency contact:

Primary Contact: _____ **Phone # :** (____) ____ - _____

Secondary Contact: _____ **Phone # :** (____) ____ - _____

Medication: _____

Do you have any allergies to medications? _____ **If so, please list,**

Primary Physician: _____ **Phone # :** (____) ____ - _____

Blood Type: _____ **Are you an organ donor?** Yes _____ No _____

It is understood that any misrepresentation on this application will be sufficient cause for cancellation of this application or termination from this department, if already a member. I also agree to abide by all rules and regulations established by this department. Prior to acceptance into this department a criminal background check will also be completed on the applicant. After acceptance into the department I also acknowledge and agree to take and certify as a MFRI Firefighter 1 as taught by the University of Maryland if not already certified.

Signature

Date

Parent/Guardian

Date

Controlled Dangerous Substance Abuse
Policy of the G.V.F.D.

I understand that the Grasonville Volunteer Fire Department has a substance abuse policy and is committed to making a good faith effort to

insure a safe, secure, and drug free work place. I also understand that the Grasonville Volunteer Fire Department performs random and post accident drug tests.

I hereby agree to submit to a drug screen urinalysis and release it to the Grasonville Volunteer Fire Department, its agents, members, and any medical personnel acting on its behalf when asked to by the department.

A Federally-Certified Drug Testing lab will test the sample, and the results will be sent to the Medical Review Officer (MRO) for review. After evaluation, the MRO will notify both you and the Grasonville Volunteer Fire Department of the findings. The results will not be released to anyone else.

I further understand that if the MRO determines the rests results are positive, the Grasonville Volunteer Fire Department will consider the termination of my membership. Also the cost incurred for the drug screening will be my responsibility.

I further certify the I (please circle) Am or AM NOT currently enrolled in a substance abuse program.

Signature

Date

Department Use Only

Applicant: _____

Active Member Endorsement: _____

Membership Committee

Note/Comments

Date application received: _____

Date interviewed: _____

List Date: Junior: _____ **Regular:** _____

Probation Date: _____

Active Date: _____

Firefighter 1 completed: _____

Physical Received: _____