

Wise Avenue Volunteer Fire Company, Station 27

214 Wise Avenue, Dundalk, MD 21222 Phone (410) 887-7262

Application for Membership

Thank you for considering membership at Wise Avenue Volunteer Fire Company.

For your application to be processed quickly, please follow these steps:

- Complete all the information
- and signatures using only blue or black ink.
- Please write legibly.
- Answer each question to the best of your ability.
- Carefully review the attached Application Checklist and all required materials that apply.
- If you have any questions regarding the application or commitments of joining Wise Ave VFC, contact the Membership Coordinator via email at membership@wavfc.org
- Allow up to 30 days for processing.
- A drug screening is required by the Baltimore County Volunteer Fireman's Association, it must be completed prior to membership approval.
- All applicants are required to have a criminal background investigation prior to membership approval.
- Once all steps are completed the applicant will be presented to the membership for a vote at the regular company meeting (1st and 3rd Mondays of the month at 7:30 PM). Attendance at this meeting is encouraged although not required.

Application Checklist:

1. **A completed application fully and truthfully completed, signed and dated.** Applicants between the ages of 16-18 additionally require signature, contact number and date from a parent/legal guardian.
2. Application fee of \$60.00 can be paid in cash, Pay Pal receipt, check or money order made payable to Wise Avenue Volunteer Fire Company. Fees can be waived at the discretion of the President for applicants with current Baltimore County physicals on file.
3. Driver's License or State Identification Card will be copied at the time of application submission.
4. Copies of Emergency Services/Fire Services Training Certificates. (If applicable)

If applicant is under 18 years of age, you must include a valid work permit with application.

- **Once the application is completed in its entirety and you have all the applicable documents on the checklist please contact the Membership Coordinator via email at membership@wavfc.org requesting next steps for drop off.**

Regards,
Wise Avenue Volunteer Fire Company
Membership Committee

Phone: 410. 887.7262
Email: membership@wavfc.org

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Part I: Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Phone Number: _____ E-Mail Address: _____

Residential Address: _____

Suffix (Check one) NONE JR. SR. II III IV

Last Five of Social Security #: _____

Note: Wise Avenue VFC respects the sensitivity and confidentiality associated with Social Security numbers. Disclosure is required for insurance and benefit purposes ONLY. Personnel records are stored securely.

Part II: Interest

Type of Membership: (Check one) 16-18 years 18 and over

I am interested in: (Check all that apply)

FIRE EMERGENCY MEDICAL SERVICE (EMS) ADMINISTRATIVE (NON-RIDING)

Please explain in a few sentences why you want to join Wise Avenue VFC.

Part III: Emergency Service Experience

List any Career or Volunteer Fire or EMS References:

Name: _____ Title: _____

Company Name: _____ Contact Info: _____

Name: _____ Title: _____

Company Name: _____ Contact Info: _____

Do you currently have a Baltimore County LOSAP # _____ ?

Please list any certifications or training: (Will need copies)

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Part IV: Driver's License Information

Do you currently have a driver's license in Maryland or any other US state?

Circle One **YES** or **NO**

You must bring your license or a state identification card when picking up drug test paperwork.

License Number	State	Class	Year Issued

Part V: Education

High School			
School Name	City/State	Years Attended or Present if currently enrolled	
Advanced Education (colleges, universities, trade schools, etc.)			
School Name	City/State	Years Attended or Present if currently enrolled	Field of Study
School Name	City/State	Years Attended or Present if currently enrolled	Field of Study

Part VI: Employment or Personal References

Employer and/or Reference Name	City/State	Job Title or Relationship	Reference E-Mail and Phone Number

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Please indicate any knowledge/skills/professional certifications you possess that may be beneficial to Wise Avenue VFC.

Part VII: Criminal Background Check Disclosure

A Criminal background check and drug test screening will be completed for all applicants and is required for membership.

Print and Sign your Name stating you have read and understand the Criminal Background Check Disclosure.

Print Name _____ Sign Name _____ Date _____

STATEMENT OF APPLICATION AND AUTHORIZATION

I, the undersigned, am applying to become a member of the Wise Avenue Volunteer Fire Company.

I, the undersigned, do promise to abide by all the laws and rules regulating the Wise Avenue Volunteer Fire Company shall undertake and investigation into my background and that I will be required to appear before the Membership Committee of the Wise Avenue Volunteer Fire Company. I understand that I will be required to complete an orientation before being able to ride or progress through membership.

I, the undersigned, understand that false, misleading, or incomplete statements to any part of this application, or forthcoming interview with the Membership Committee, constitutes perjury under the law, and that the detection of such falsity could result in rejection of my application for membership or immediate dismissal from the Wise Avenue Volunteer Fire Company. I further certify that all the answers to the questions on this application are true, complete and correct to the best of my knowledge and ability.

I, the undersigned enclosed a \$60.00 application fee, payable by cash, money order, or check. I understand that the application fee and background check are nonrefundable.

I, the undersigned know that upon getting voted in I will be required to turn in a non-certified copy of my driving record.

_____ Applicant's Name (Print)	_____ Applicant's Signature	_____ Date
_____ Parent/Guardian Name (Print) If applicant under 18	_____ Parent/Guardian Signature	_____ Date

Parent/Guardian Contact Phone Number if under 18 _____