

Liberty Road Volunteer Fire Company Membership Application

Liberty Road Volunteer Fire Company, Inc.
10010 Liberty Road
Randallstown, MD 21133
410-887-0651
Station 46

Misrepresentations or omissions in this application may result in termination of the application process or membership.

Liberty Road Volunteer Fire Company does not discriminate against any applicant because of race, color, age, sex, religion, national origin or ancestry, marital status, sexual orientation, veteran's status, or disability.

Date of Application: ___/___/_____

Application for (check all that applies): Fire EMS Associate Unsure

Have you ever applied to this Company before? Yes No When? ___/___/_____

Have you ever been a member of this Company before? Yes No When? ___/___/_____

Contact Information

Last Name: _____ First Name: _____ MI: _____

Sex: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cellular Phone: _____ - _____ - _____

Email: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ___/___/_____

Emergency Contact Information

Last Name: _____ First name: _____

Relationship: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cellular Phone: _____ - _____ - _____

Driver License

State: _____ Number: _____ Class: _____

Expiration: ___/___/_____ Current Points: _____

Has Your licensed ever been suspended or revoked? Yes No

If "YES" explain in detail:

Medical Background

Do not answer the following question if you are applying for an associate (non-fire, non-EMS) membership.

While performing the duties of a firefighter or EMS provider, the member is frequently required to use hands to manipulate, handle, feel and operate objects, tools and controls; reach with hands and arms; climb, balance, stoop, kneel, crouch and crawl; and walk, sit, talk and hear. The member must regularly lift and/or move equipment and/or persons weighing up to 150 pounds. Specific vision abilities required by a member include close vision, color vision and the ability to adjust focus. The member must be able to work effectively at heights and under physically demanding, life-threatening and emotionally stressful conditions.

The member also is regularly required to use written and oral communication skills; read and interpret data, information and documents; analyze and solve problems; use math and mathematical reasoning; observe and interpret situations; learn and apply new information and skills; and interact with other fire department personnel and the public.

Additionally, the member frequently works in outside weather conditions and is exposed to extremely hazardous conditions and materials. The member must be able to remain calm, make sound decisions and respond appropriately in emergency situations; maintain records and prepare clear and concise reports; and maintain physical endurance and agility.

With this in mind, do you have any physical, mental or emotional sickness, illness, disease, disorder, injury, malady or condition that would prevent you from fully and safely performing the duties of a firefighter or EMS provider? ___ Yes ___ No

If you answered "YES", then please provide complete details:

Criminal Background

Have you ever been arrested for, charged with, or convicted of a criminal offense (other than a minor traffic violation)? ___Yes ___No

Have you ever been adjudicated delinquent or otherwise subject to a proceeding in a Juvenile Court or under a Youth Offender Law? ___Yes ___No

If you answered "YES" to either question, then please provide complete details:

Are you registered (or required to register) on any national or state sex offender registry or similar database of sex offenders? ___Yes ___No

If you answered "YES", then please provide complete details:

List Residence for the Last 7 Years

Current Address:_____

Street:_____

City:_____ State:_____ Zip Code:_____

Years in Residence:_____years

Previous Address:_____

Street:_____

City:_____ State:_____ Zip Code:_____

Years in Residence:_____years

If necessary, list additional addresses on the back of this page.

Employment

Current Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - current

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

References

List two references not already listed on application and who are not related to you.

Reference: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Contact Phone: _____ - _____ - _____
 Years Known: _____ years

Reference: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Contact Phone: _____ - _____ - _____
 Years Known: _____ years

Military Data

Have you ever been in the armed forces? ___Yes ___No
 Branch: _____
 Dates of Service: ___/___/_____ - ___/___/_____

Type of Discharge: _____ Rank at Discharge: _____
 Present membership in Armed Services (e.g. National Guard, Reserves). _____

Education

	School Name	Graduation Date	Subject
High School		/ /	
College		/ /	
Trade School		/ /	

Fire and EMS Experience

List all affiliations (e.g. paid employee, volunteer member) with any Fire/EMS/Rescue Company/Department for the past 10 years.

Company/Department: _____

Affiliation/Position: _____

Contact: _____ Contact Phone: : _____ - _____ - _____

Dates: ____/____/____ - ____/____/____

Reason for leaving: _____

Company/Department: _____

Affiliation/Position: _____

Contact: _____ Contact Phone: : _____ - _____ - _____

Dates: ____/____/____ - ____/____/____

Reason for leaving: _____

If necessary, list additional affiliations on the back of this page.

List current Fire/EMS related certifications (e.g. CPR, EMT-B, HazMat).

Certification	State/Governing Agency	Expiration Date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

If necessary, list additional certifications on the back of this page.

Note: Please bring photocopy of all current certifications to interview.

List Fire/EMS vehicles you have driven (e.g. ambulance, engine, etc).

Vehicle	Company	Years Driven

If necessary, list additional vehicles on the back of this page.

At the time of the interview you will need:

- Completed application
- Certified copy of your complete driving record, which can be obtained at any Maryland State MVA
- Non-refundable \$50.00 processing fee
- Photocopies of current certification relevant to Fire Service or EMS

By signing below, I certify that the information provided on this application is accurate and complete. I understand and agree that misrepresentations or omissions in this application may result in termination of the application process or membership.

Name _____ Date: ____/____/____

For Official LRVFC Use Only

Date application received: ____/____/____