



# Orchard Beach Volunteer Fire Department

## Membership Application

Please print or type all information clearly

There is a \$10 non-refundable application fee due during applicants interview

### Personal Information

Name: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City County State

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Mobile Work

Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State \_\_\_\_\_ Class: \_\_\_\_\_ # of points on record \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

### Experience

Have you ever been a member of an emergency services organization? Yes No

If yes, organization name: \_\_\_\_\_

Have you ever been denied or removed from an emergency services organization? Yes No

If yes, please provide details: \_\_\_\_\_

If you are already on any Any Arundel County Database please provide your badge number: \_\_\_\_\_

Do you hold any Fire Certifications or EMS Licenses? Yes No

If yes, please list: \_\_\_\_\_

### Interest

Administrative Member Cadet Active Member Firefighting(only if active member selected) EMS(only if active member selected)

### Attestation

By signing below, I do affirm that all information on this application is truthful and accurate to the best of my knowledge, and that falsification of any informational will disqualify me from membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not yet 18 years of age, requires parent or guardian consent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Company use only below

Interviewer Signature: \_\_\_\_\_ Date of interview: \_\_\_\_\_ Membership start date: \_\_\_\_\_ Probation end date: \_\_\_\_\_

Application fee received \_\_\_\_\_