

New Market District Volunteer Fire Company 6 West Main Street, New Market, Maryland 2177

76 West Main Street, New Market, Maryland 21774 301.600.9150 www.NMVFC15.org





JEN MARKE
E-15
Leading The Way

Date of Application:	/	_ Date Vot	ted In://
Application For:	PROBATIONARY MEMBER	ASSOCIATE MEMBER	DIVE ONLY MEMBER
Name: (Last Name)	, (First Name) (MI)		
Street Address:			
City & Zip:		D.O.B.:	/
Cell Phone:		Home Phone: _	
Email:		SSN:	
Drivers License State:	DL #: _		Class:
	EMERGEN	NCY NOTIFICATION	
Name:		Relationship:	
Street Address:			
City, State & Zip:			
Home Phone:	Cell Phone	::	Work:
	FIRE/EMS TR	AINING & EXPERIEN	CE
Have you ever been	a member of the NMVFC in	the past? YES or NO)
Date Joined:	Date Left:		
Have you ever been	or currently are a member of	another Fire Departme	ent? YES or NO
Name of Department:		Phone N	(umber:
Did you leave as a M	ember in Good Standing? Y	ES or NO	
Highest Rank Held in	that Department:	Other P	Positions:
Dates of Service:	to		
*Attach copies of all	training certifications/cards	s as well as MVA drivi	ng records to the back of application

PERSONAL INFORMATION

Are you a United States citizen: YES or NO	If "NO", list current status:
Has your Drivers License ever been Revoked or Sus	pended? YES or NO
If "YES", Explain why and give dates:	
Have you ever been Arrested and/or convicted of a crim	me? YES or NO
If "YES", Explain where, when and what the outcome wa	as (write in the space below):
Provide three (3) references who are not related to	ERENCES you, are not past employers and who you've known for five (5) years.
Name:	Phone:
Address:	
Name:	Phone:
Address:	
	Phone:
Address:	
my knowledge. I understand that an investigation of falsifications are made on my application, it may be rights and privileges of my membership will be implicates I have read and understand all parts of the New Market District Volunteer Fire Company, Inc. I authorize the investigation committee to do a batto the confirmation of these aforementioned statem	ackground check. I also authorize any records relevant nents and questions be released, as well as any other rized member (to be determined by the President of this
Signature of Applicant:	Date:/
Signature of Applicants Parent or Legal Guardian (und	er 18):
MEMBERSHIP COM Application received Date:	MMITTEE USE ONLY Member Completed Physical Date:
Dues Received (\$25): Cash: Yes or No	Check #:
Interviewed By Membership Committee Date:	Accepted By Committee: Y or N
Full Membership Date:	



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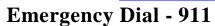
JUNIOR MEMBERSHIP RIDING PRIVLEGES PERMISSION FORM

I (PAI	RENT/GAURDIAN) give permission for
to ride a	apparatus and participate in emergency training and
or calls. I understand that there is a great risk involved in Fi	re/Rescue/EMS operations and that my child
may be exposed to elements that sometimes may be difficul	t for the child. I also understand that there is
Injury Insurance and Workers Compensation in the New Ma	arket District Volunteer Fire Company, provided
by Frederick County. I, as the parent will be notified of any	incident involving my child as he/she does not
hold a legal voice and shall be accompanied by myself durir	ng any disciplinary hearings or counseling
sessions at the New Market District Volunteer Fire Company	, Inc I must also be contacted in any case of
injury to my child.	
Parent/Guardian Signature:	Date:
Print Name:	
Phone:	
Phone:	



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JUNIOR MEMBER SLEEP-IN PRIVLEGES PERMISSION FORM

I	(PARENT/GUARDIAN) give permission for
t	o be a part of the night-time stand-by program. I
understand that my child will be responsible for respond	ing on incidents in the middle of the night and
throughout the stand-by time period. I understand that m	y child will be held responsible for following
Policies #1001 & #1190. I also understand that my child w	vill be accounted for by a line-officer on each stand-
by night. I also understand that my child will not be able	to perform night-time stand-bys on school nights,
unless an emergency stand-by comes up at which time I v	will be notified by my child.
Parent or Guardian Signature:	Date:
Print Name:	
Phone:	
Phone:	