



**New Market District Volunteer Fire Company**  
 76 West Main Street, New Market, Maryland 21774  
 301.600.9150 [www.NMVFC15.org](http://www.NMVFC15.org)  
**Emergency Dial - 911**



**MEMBERSHIP APPLICATION**

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Voted 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: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**FIRE/EMS TRAINING & EXPERIENCE**

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 Department?    YES or NO

Name of Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Did you leave as a Member in Good Standing?    YES or NO

If "NO", Explain: \_\_\_\_\_

Highest Rank Held in that Department: \_\_\_\_\_ Other Positions: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

**\*Attach copies of all training certifications/cards as well as MVA driving 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Has your Drivers License ever been Revoked or Suspended? YES or NO

If "YES", Explain why and give dates: \_\_\_\_\_

Have you ever been Arrested and/or convicted of a crime? YES or NO

If "YES", Explain where, when and what the outcome was (write in the space below):

**REFERENCES**

**Provide three (3) references who are not related to you, are not past employers and who you've known for at least five (5) years.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**I hereby certify that all statements contained herein on this application are true and correct to the best of my knowledge. I understand that an investigation will be initiated. If mis-representation, omissions or falsifications are made on my application, it may be rejected. If I am a member, my membership and all rights and privileges of my membership will be immediately terminated. By signing this application, it indicates I have read and understand all parts of the application to become a volunteer member of the New Market District Volunteer Fire Company, Inc.**

**I authorize the investigation committee to do a background check. I also authorize any records relevant to the confirmation of these aforementioned statements and questions be released, as well as any other information necessary for verification by an authorized member (to be determined by the President of this Department).**

**I have read the statements above and by signing this application, I agree to all the provisions.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicants Parent or Legal Guardian (under 18): \_\_\_\_\_

**MEMBERSHIP COMMITTEE USE ONLY**

Application received Date: \_\_\_\_\_ 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: \_\_\_\_\_



**New Market District Volunteer Fire Company**  
76 West Main Street, New Market, Maryland 21774  
301.600.9150      [www.NMVFC15.org](http://www.NMVFC15.org)  
**Emergency Dial - 911**



## **JUNIOR MEMBERSHIP RIDING PRIVILEGES PERMISSION FORM**

I \_\_\_\_\_ (PARENT/GAURDIAN) give permission for \_\_\_\_\_ to ride apparatus and participate in emergency training and or calls. I understand that there is a great risk involved in Fire/Rescue/EMS operations and that my child may be exposed to elements that sometimes may be difficult for the child. I also understand that there is Injury Insurance and Workers Compensation in the New Market 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 during 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: \_\_\_\_\_



**New Market District Volunteer Fire Company**  
76 West Main Street, New Market, Maryland 21774  
301.600.9150 [www.NMVFC15.org](http://www.NMVFC15.org)  
**Emergency Dial - 911**



## **JUNIOR MEMBER SLEEP-IN PRIVILEGES PERMISSION FORM**

I \_\_\_\_\_ (PARENT/GUARDIAN) give permission for

\_\_\_\_\_ to be a part of the night-time stand-by program. I understand that my child will be responsible for responding on incidents in the middle of the night and throughout the stand-by time period. I understand that my child will be held responsible for following Policies #1001 & #1190. I also understand that my child will 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 will be notified by my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_