



New Market District Volunteer Fire Company
76 West Main Street, New Market, Maryland 21774
301-600-9150 www.NMVFC15.org
Emergency Dial - 911



President Paul Hackey

Chief Benjamin Nalborczyk

JUNIOR MEMBERSHIP

APPLICATION

Date of Application: ____/____/____ Date Voted In: ____/____/____

Name: (Last Name) _____, (First Name) _____ (MI) _____

Street Address: _____

City & Zip: _____ D.O.B.: ____/____/____

Cell Phone: _____ Home Phone: _____

Email: _____

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Street Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

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 may 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 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): _____

COMMITTEE USE ONLY

Application received Date: _____

Dues Received (\$25): Cash: Yes or No Check #: _____

Interviewed By Junior Advisors Committee Date: _____ Accepted By Committee: Y or N

Full Membership Date: _____



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JUNIOR MEMBERSHIP PROGRAM PERMISSION FORM

I _____ (PARENT/GAURDIAN) give permission for

_____ to participate in any learning exercise and event sponsored by the junior membership committee. I understand that while my child will not be included or participating in any inherently dangerous Fire/Rescue/EMS operations I also understand that there is some risk and NMDVFC is not liable of injury while participating in learning exercises and other activities. As the parent, I 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: _____

Local Emergency Contact **Primary:**

Print Name: _____

Relationship: _____

Best phone number: _____

Local Emergency Contact **Secondary:**

Print Name: _____

Relationship: _____

Best phone number: _____