

APPLICATION FOR MEMBERSHIP
TO THE
PLEASANT VALLEY COMMUNITY FIRE CO., INC.
2030 SOUTH PLEASANT VALLEY ROAD
WESTMINSTER, MARYLAND 21158

Full Name of Applicant

Date of Application

Member Issuing Application



FOR COMPANY USE

Interview: Date _____ Time _____

Application fee received: Date _____

Vote Count: _____ Yes _____ No

Date Voted into Probationary Membership: _____

Reason if not voted into membership: _____

Date Voted Off Probation: _____

Reason if not voted off probation: _____

Applicant,

We are pleased that you have chosen to apply for membership in the Pleasant Valley Community Fire Company, Inc. This Company and its Membership are charged with the responsibility of protecting life and property in this and surrounding communities. In order that we may be successful in this undertaking, it is important that you, as an applicant, understand the following basic elements concerning the operation of this fire company.

Your application will be investigated by the Membership Committee of the Company and include a personal interview and a Carroll County Background check. This investigation will take approximately thirty (30) days. After the investigation is complete, the Committee will forward their report to the Company Membership which will vote on your acceptance or rejection. You will be notified by a member of the Committee in person or by telephone of the results.

If accepted for **ACTIVE FIREFIGHTER MEMBERSHIP**, you will become a probationary member and remain so for a period of not less than one (1) year. Unless you have already successfully completed the following during the probationary period, you will be expected to begin the following courses, if offered: Maryland Fire & Rescue Institute Firefighter I Program & Hazmat Operations Level, Emergency Medical Technician [EMT] or Emergency Medical Responder [EMR] Certification/License. Failure to successfully complete these courses within two (2) years when offered may result in your dismissal from the Company. Details concerning these courses will be given to you by the Chief of the Company.

If accepted for **ACTIVE AMBULANCE MEMBERSHIP**, you will become a probationary member and remain so for a period of not less than one (1) year. Unless you have already completed and carry a valid EMR or EMT Certification/License, and Hazmat Operations Level, you will be expected to begin the above training within the probationary period. Failure to successfully complete the above two courses in two (2) years' time may result in your dismissal from the Company. Details concerning these courses will be given to you by the EMS Captain of the Company.

If accepted for **ACTIVE ASSOCIATE MEMBERSHIP**, you will become a probationary member and remain so for a period of not less than one (1) year. An Associate member may hold elected offices if they meet the qualifications as set forth in the By-Laws. An Associate member must help with collateral duties and fund-raising activities. Failure to put in a good effort to help with the above may result in your dismissal from the Company.

To maintain **ACTIVE STATUS** in order for you to have voting privileges and/or to hold an elective office: You must attend at least six (6) meetings a year. If working or attending a training class during a company meeting, you must notify the secretary prior to the beginning of the meeting in order to obtain credit. Perform five (5) hours of clean-up and ten(10) hours of fundraising activities.

At the conclusion of your probation, your achievements, activity, attitude, and interest will be evaluated by the Membership Committee. An evaluation report will be prepared and presented to the Board of Directors. Your report will be presented during a company meeting for the membership to decide by a majority vote to accept or reject you as a member.

Any questions regarding this application should be directed to the Membership Committee.

(PLEASE PRINT IN BLUE OR BLACK INK)

Applicant Name: _____ Age: _____
First Middle Last

Home Mailing Address: _____ Apt. # _____ P.O. Box: _____

City, State, Zip: _____

How long at current residence? _____ (months, years)

If less than 2 years, please list previous address and duration of residence there: _____

Home #: _____ Cell #: _____ Email: _____

I hereby make application for membership in the PLEASANT VALLEY COMMUNITY FIRE COMPANY, INC.
as indicated below:

_____ Active Firefighter Membership – To participate in all activities including firefighting and required training.

_____ Active Ambulance Membership – To participate in all activities as an EMS clinician and required training.

_____ Active Associate Membership – To participate in all fundraising activities and collateral duties.

If accepted, I agree to abide by the rules, regulations, Constitution and By-Laws of this organization.

Accompanying this application is an application fee of five (\$5.00) dollars. The application fee will cover the administrative fees and will also cover dues for that calendar year.

ADDITIONAL INFORMATION:

Current Employer Name: _____ Job Title: _____

Employer Address: _____ Employer Phone #: () _____

Dates of Employment - From: _____ To: _____

Previous Employer: _____ Employer Phone #: _____

Dates of Employment - From: _____ To: _____

Driver's license # _____ State _____ Class _____

Expiration Date: _____ Total Current Points: _____

Have your driving privileges ever been revoked or suspended? _____ Yes _____ No

If yes, why? _____

In what state? _____

Have you ever been arrested, or in the custody of any Law Enforcement Agency? _____ Yes _____ No

If yes, please provide all necessary information regarding same: _____

Have you ever been convicted of a criminal act and/or have criminal charges pending? _____ Yes _____ No

If yes, provide all necessary information: _____

Date of Birth: _____ Birthplace: _____ U.S. Citizen (Y or N) _____

Social Security # _____ Maiden Name (if applicable) _____

Any Alias or nicknames? (Y or N) If yes, list any and all names: _____

In case of emergency contact: _____ Relationship: _____

Address: _____

Contact # _____

Do you have any physical or mental disabilities that might affect your ability to function as an Emergency Provider? Yes or No

If yes, please explain: _____

What prompted you to make an application to the Company? _____

Education

Highest School Grade Completed: 7 8 9 10 11 12

Degree: AA BS BA MS MA PH. D Major Field: _____

Special Abilities or Expertise: _____

Prior Fire Service

Have you ever been a member of a Fire, Rescue, Ambulance, Auxiliary or Junior service?

____ Yes ____ No

If yes, Name of Service: _____

Date of Service: From _____ to _____

Office held (title or rank)

_____	_____
_____	_____
_____	_____

Reason(s) for leaving that organization: _____

Have you ever been denied membership in a Fire, Rescue, Ambulance, Auxiliary or Junior service?

____ Yes ____ No

If yes, Name of Service: _____

Provide hard copies of all fire/EMS certifications and training documents.

References

Please list the names of three (3) people, not related to you, who you have known for at least three (3) years.

Name	Address	Phone #	Years Known

Give the names of two (2) members of the Pleasant Valley Community Fire Company you are acquainted with. (if any)

I hereby authorize Pleasant Valley Community Fire Company to investigate any and all statements made on this application. I hereby certify that the above information is true and correct with the understanding that any false or misleading information will be grounds for immediate termination. I understand that my riding status will be dependent upon my successful completion of a physical examination (if applying to ride apparatus). The physical examination is paid for by Carroll County Government. A criminal background check will be performed by the Carroll County Government.

Applicant Signature

Date

I certify that I am the parent () or guardian () of _____, that the applicant is 16 years of age or older and that the applicant has my permission to submit this application for membership. I also understand that a physical examination provided by the Carroll County Government may be required and authorize that my son/daughter undergo said physical examination. A criminal background check will be performed by the Carroll County Government.

Parent/Guardian Signature

Date

For committee use only:

Interview date: _____

Interviewed by:

Comments:

