

WEST FRIENDSHIP VOLUNTEER FIRE DEPARTMENT AUXILIARY
12535 OLD FREDERICK ROAD
SYKESVILLE, MD 21784

AUXILIARY MEMBERSHIP APPLICATION

NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____
(Number) (Street) (Apt/Unit #)

(City) (State) (Zip)

PHONE: _____ CELL: _____

E-MAIL: _____ DATE OF BIRTH: _____

Have you ever been convicted of any violation of the law, other than traffic violations?

YES _____ NO _____

If yes, please explain: _____

Your physical condition (please note any impairments): _____

Have you ever made application or been a member of another fire department?

YES _____ NO _____

If yes, where _____
PAID _____ VOLUNTEER _____ HoCo EID # _____

SIGNATURE OF PARENT OR GUARDIAN (if under 18)

_____ Date: _____

If accepted into membership, I will support the By-laws and obey all rules and regulations of the West Friendship Volunteer Fire Department and its Auxiliary. I acknowledge that the information provided in the above application is true and correct to the best of my knowledge. I give my permission to the WFVFD and its Auxiliary to complete a background check based on the information provided.

SIGNATURE OF APPLICANT: _____ DATE: _____