West Friendship Volunteer Fire Department, Inc. P.O. Box 439, West Friendship, MD 21794 410-313-5403

West Friendship Volunteer Fire Department, Inc. 12535 Old Frederick Road, Sykesville, MD 21784 410-313-5403

Probationary Membership Application

This application is subject to a six (6) month probationary period after acceptance to the department.

THIS FORM MUST BE SUBMITTED WITH A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE. A WORK PERMIT MUST ALSO BE SUBMITTED IF YOU ARE UNDER THE AGE OF 18.

wish to become an OPERATIONAL Name wish to become an ADMINISTRATIV		AREA OF INTEREST: FIRE FIGHTER	_ EMS				
NAME							
(FIRST)	(MIDDLE)	(LAST)					
CURRENT ADDRESS(HOUSE NUMBER)	(STREET NAME)		(APT/UNIT NUMBER)				
			HOW LONG?				
СІТҮ)	(STATE)	(ZIP CODE)	HOW LONG?				
EMAIL ADDRESS							
HOME PHONE		CELL PHONE					
DATE OF BIRTH		SOCIAL SECURITY NUMBER					
DRIVER'S LICENSE NUMBER:		STATE ISSUED BY _					
:MPLOYER NAME		WORK PHONE NUMBER					
:MPLOYER ADDRESS		OCCUPATION					
Have you ever been convicted of any fyes, please explain		other than minor traffic violations? YES	NO (Circle one)				
our physical condition (please note Have you ever made application or b f yes, where	een a member of ano		HoCo EID#				
Give 3 character references not relat	ed to you. (Use the b	ack of this form if necessary)					
Name)	(Address)	(Phone Number)	(Relationship)				
Name)	(Address)	(Phone Number)	(Relationship)				
Name)	(Address)	(Phone Number)	(Relationship)				
also avail myself of the necessary FIF acknowledge that I will be expecte	RE/EMS training course d to participate on a c	dhere to the Bylaws, and obey all rules and rest to become a fully competent member. One duty crew. I also acknowledge that all statem oprove the use of the information provided in	ce I am able to ride apparatus nents made in this application				
SIGNATURE OF APPLICANT							
SIGNATURE OF PARENT OR GUARDI	AN (IF APPLICANT IS U	INDER 18)					
	IN	TERNAL USE ONLY					
RECRUITMENT & RETENTION REC			DATE				
APPLICATION REVIEW COMMITTE	:E	DATE					

HOWARD COUNTY VOLUNTEER FIRE DEPARTMENT PERSONNEL DATA

LAST NAME	FIRST NAME		MIDDLE INITIAL				
ADDRESS & STREET			CELL / HOME				
CITY & STATE				ZIP CODE			
SOCIAL SECURITY NUMBER			_				
DATE OF BIRTH	BIRTH HEIGHT		FT	_IN	WEIGHT		
PERSON TO BE NOTIFIED IN CASE O	OF EMERGEN	NCY:					
NAME			RELATIONSHI				
ADDRESS & STREET			TELEPHON	NI			
CITY & STATE				- ZIP CODE	i.		
DATE APPOINTED	(If Howard	County Station	Please give EID#)	<u> </u>		
FIRE DISTRICT		•	FIRE COMPAN	ıy			
FIREFIGHTER CLASSIFICATION							
DRIVER'S LICENCE NUMBER				TYPE			
RESTRICTIONS			-	EXPIRATION DATE	E		
LIST EDUCATION RELATED TO FIRE FIG AND ATTACH CERTIFICATES OF COMPL					ΓΙΟΝ,		
COURSE	DATE		LOCATIC)N	COLLEGE CREDIT	HOURS (if any)	
	1	I					