

Arbutus Volunteer Fire Department, Inc.

5200 Southwestern Boulevard, Baltimore, MD 21227

Established 1938



Station 350
Fire • Rescue • EMS

Dear Applicant:

Thank you for considering membership at the Arbutus Volunteer Fire Department. Attached is the membership application form. Please complete the form and return it to the fire department for processing. Once received, please allow 30 days for processing.

In order for your application to be processed quickly and efficiently, please complete all materials in blue or black ink. Answer all questions completely to the best of your ability, and indicate any that do not apply to you by marking "NA". **PLEASE WRITE LEGIBLY. INCOMPLETE OR PARTIAL APPLICATION PACKETS WILL NOT BE ACCEPTED.** Please be sure to include **ALL** of the following:

1. A completed, legible membership application form
2. A check or money order in the amount of **\$50.00** made payable to the *Arbutus Volunteer Fire Department*. **DO NOT SEND CASH.** This money includes a \$25.00 criminal background investigation, \$13.00 non-refundable initiation fee and \$12.00 annual dues for the current calendar year. Dues for the following calendar year of \$12.00 will be required and may be paid at any regular company meeting (Wednesday evenings at 8:00 p.m.) or as per the bylaws of the Arbutus Volunteer Fire Department.
3. Three signed and dated letters of reference. These letters may not be from another member of the Arbutus Volunteer Fire Department or family members. Letters should contain contact information (e.g. phone number) and indication of reference's familiarity with you (years known, relationship, experience).
4. A completed release form from HR FIRST CONTACT allowing your permission to run a criminal background investigation.
5. If you possess a driver's license, a **CERTIFIED** copy of your Driving Record is required. These are available from any Maryland MVA office. Please be sure to obtain a **CERTIFIED** copy (as opposed to an uncertified copy). Please be sure the Driving Record reflects your current address.
6. If you were or are a member of any other fire, rescue, or Emergency Medical Service (EMS) company within the state of Maryland, you **MUST** include a signed and dated letter from the company President or Chief Officer giving the applicant permission to join the Arbutus Volunteer Fire Department.

A drug screening is required prior to membership approval. Details will be provided after you application is received and an interview conducted with the Membership Committee.

Upon completion and receipt of these materials, you will be contacted by the Membership Committee to schedule an interview. After your interview, a favorable recommendation from the Membership Committee, and favorable results from your drug screening, you will be eligible for a vote at a regular business meeting (most Wednesday evenings at 8:00 pm) for a 365-day probationary period (attendance at this meeting is not required). If you have any questions regarding the application materials or procedure, please contact AVFD Membership Liaison (Chris Brocato) at (410) 887 – 1471.

Thank you again for considering the Arbutus Volunteer Fire Department. We look forward to working with you in service to the community of Arbutus and the citizens of Baltimore County.

Sincerest Thanks,

The Arbutus Volunteer Fire Department Membership Committee

EMERGENCIES 911 • BUSINESS PHONE (410) 242-6601 (410) 887-1471 • HALL INFORMATION (410) 242-9289

**Arbutus Volunteer Fire Department
5200 Southwestern Boulevard
Arbutus, MD 21227 (410) 887 – 1471
Application For Membership**

Note: Data entered in fields in this document cannot be saved. Please print an extra copy for your records.

Date of Submission _____ Date of Birth _____ Age _____

Last Name _____ First Name _____ MI _____

Have ever used an alias or another name? _____

Marital Status (Circle one): **MARRIED** **SINGLE** SN# _____

Note: SSN# is required only for insurance/benefit information only and is confidential.

Current Address _____ City _____ State _____ ZIP _____

Previous address (if you have moved within the last five years, or permanent address if you are a student)

Previous Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Direct Connect (NEXTEL Phones) _____ Email _____

Emergency Contact Information:

Name	Address	Phone	Relation
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I am interested in (Check all that apply): FIRE RESCUE EMS WATER RESCUE ADMINISTRATIVE

Please briefly explain why you would like to join Arbutus VFD. Please indicate what aspects of emergency service you are interested in and how often you expect to participate.

How did you hear about us? (please check) **COMMUNITY** **WEBSITE** **AVFD MEMBER** **OTHER**

Citizenship and Armed Service/Law Enforcement Information:

Are you a citizen of the United States? Check one: **YES** **NO**

If you are a naturalized citizen, indicate naturalization number and naturalization date:_____

If you are not a citizen of the United States, what is your visa class and status?

Place of Birth (City, State, Country)_____

Have you ever served or are you currently serving in any branch of Armed Service? Circle one: **YES** **NO**

If **YES**, indicate branch_____ and check one: **ACTIVE** **RESERVE** **DISCHARGED**

If discharged, check one: **HONORABLE** **MEDICAL** **OTHER THAN HONORABLE** **DISHONORABLE**

Emergency Service Experience Information:

Have you (currently or past) ever been a member of ANY career or volunteer Fire, Rescue, or EMS company or have you ever been employed by the Baltimore County Fire Department as a merit employee? Check one:
 YES **NO**

If **YES** to the above, please provide ALL company names. **PLEASE BE THOROUGH.**

If **YES**, and you are/were a member of any volunteer fire/rescue/EMS company within the state of Maryland, you **MUST** attach with your application a signed and dated letter from the President or Chief Officer of that department granting permission for you to join the Arbutus Volunteer Fire Department.

Your Maryland Length of Service Awards Program (LOSAP) Number (if previously assigned): _____

County and State of Affiliation_____

Please list any certifications or training below. Copies of certifications may also be attached:

Have you ever been turned down for membership, suspended, or expelled from ANY volunteer fire, rescue, or EMS company. Check one: **YES** **NO** If **YES**, describe below. **PLEASE BE THOROUGH:**

Driver's License Information:

Do you currently have a driver's license in Maryland or any other US state? Check one: **YES** **NO**
If **YES**, you **MUST** submit a certified copy of your driving record with this application.

Drivers License Number _____ State of Issue _____ Class _____ Year Issued _____

Indicate any other driver's license/s you hold/held. Indicate state, license number, and type:

Have you ever had a driver's license suspended or revoked? Check one: **YES** **NO**
If **YES**, describe date/s and circumstances

Employment and Criminal Background Information: This information is subject to verification.

Occupation (or STUDENT) _____ Name of Employer/School _____

Employment Address _____

Name and Phone Number of Immediate Supervisor _____

Within the past two years, have you ever used a controlled or dangerous substance that was not prescribed to you by a physician? Check one: **YES** **NO**

Have you ever been convicted of a crime? Check one: **YES** **NO**

If **YES**, indicate the approximate date/s and describe each incident and circumstances below.

STATEMENT OF APPLICATION AND AUTHORIZATION

I, the undersigned, am applying to become a member of the Arbutus Volunteer Fire Department.

I, the undersigned, do promise to abide by all the laws and rules regulating the Arbutus Volunteer Fire Department, either in effect, or to become effective by the vote of the membership.

I, the undersigned, understand that the Arbutus Volunteer Fire Department shall undertake an investigation into my background and that I will be required to appear before the Membership Committee of the Arbutus Volunteer Fire Department. Furthermore, if I am under the age of 18 at the time of application, my parent/s or legal guardian/s must also agree to this application and they will be required to meet with the Membership Committee of the Arbutus Volunteer Fire Department.

I, the undersigned, understand that should my application for membership be accepted by the membership of the Arbutus Volunteer Fire Department, I shall be on a probationary period of at least 365 days, or until I am 18 years of age, whichever period is greater. I understand that at the end of my probationary period, I will be voted on by the regular members present at the next regularly scheduled business meeting of the department following the expiration of my probationary period. I understand that in order to be voted upon, I must have met all the requirements for regular membership by the time of the vote. I understand that the vote will determine my membership status.

I, the undersigned, understand that false, misleading, or incomplete statements to any part of this application, or forthcoming interview with the Membership Committee, constitutes perjury under the law, and that the detection of such falsity will result in immediate rejection of this application for membership or immediate dismissal from the Arbutus Volunteer Fire Department. I further certify that all of the answers to all of the questions on this application are true, complete, and correct to the best of my knowledge and ability.

As an express condition of membership, I, the undersigned, hereby freely and voluntarily consent to examination by polygraph, at the expense of the Arbutus Volunteer Fire Department, at anytime while a member of same, when required by the Membership Committee or Board of Directors and approved by the membership.

I, the undersigned, enclose \$13.00 for an initiation fee, \$12.00 annual dues, and \$25.00 for criminal background check. I understand that the initiation fee and background check are non-refundable. I understand that any dues paid once I have been accepted for probationary membership are non-refundable. I further understand that annual dues shall be due by the close of OLD BUSINESS during the last meeting of each calendar year and that the dues I am enclosing with this application only cover the calendar year in which the application was submitted.

I, the undersigned, further enclose a certified copy of my driving record, a signed release for HR FIRST CONTACT to perform a criminal background check and three (3) letters of reference from persons outside of my immediate family and the membership of the Arbutus Volunteer Fire Department.. If applicable, a letter of permission from the chief officer of any affiliated emergency service organization/s in Maryland is also enclosed.

Please sign and print:

Applicant's Name (Print)

Applicant Signature

Date

Parent/Guardian Name if Applicant Under 18 (Print)

Parent/Guardian Signature

Date

Rules for Members of the Arbutus Volunteer Fire Department Between the Age of 16 and 18

Membership in a volunteer fire department requires a tremendous commitment of responsibility, maturity, time, and effort. While the Arbutus Volunteer Fire Department welcomes members aged 16 to 18 years of age, we believe it is vital that the duties of this volunteer service not interfere with this critical stage of development. Therefore, these rules have been established for the well-being of all members in this age group.

1. The applicant must provide the Captain with a copy of their most recently-issued report card from the school where they are currently enrolled. The applicant must have a “C” average or better in all subjects to be eligible for probationary membership. Should an applicant not be presently enrolled in a daily school program, they must possess an official high school diploma (e.g. graduated “early”), or they must possess an official GED, or they must be enrolled in a certified GED program. If they are enrolled in a GED program, the instructor of the program must provide a signed and dated letter advising that the student is maintaining a satisfactory progress level. If home-schooled, adequate quarterly progress and activity must be maintained to an acceptable degree to be determined by the captain and the parent/guardian/instructor.

All probationary members enrolled in school must present a copy of each quarterly report card they receive to the Captain within five (5) days after receiving it from school. Students who are enrolled in a GED program must present either a report card or a signed and dated letter from the instructor each quarter indicating satisfactory progress. Failure to maintain a “C” average or satisfactory performance level in school, home-school, or a GED program shall result in immediate suspension from all activity related to the Arbutus Volunteer Fire Department. If this happens, the probationary member shall not be permitted on the property, nor may they participate in any activities related to the department without expressed permission of the Captain or President. This suspension will remain until the student again achieves at least a “C” average and his/her parents or legal guardians agree that fire department activities may resume.

These regulations also apply to summer school, evening school, and alternative school programs.

2. All probationary members under the age of 18 shall leave the fire department premises before 10:00 pm (2200 hours) on any evening school is scheduled for the following day. In general, this involves Sunday night through Thursday night. In addition, all probationary members under the age of 18 shall provide the captain a copy of their class schedule at the beginning of each semester. Probationary members under the age of 18 may not be present on the property during times when they are scheduled for classes, study periods, work/study periods, or school lunch periods.
3. When school is not scheduled the next day, probationary members under the age of 18 may remain until 11:00 pm (2300 hours), unless permission to spend the night is granted (see below).
4. Probationary members under the age of 18 may only spend duty nights at the department if they fulfill all of the following: A.) they have permission from the Captain, B.) they have permission from their parent/legal guardian, and C.) they are cleared to ride an ambulance, engine, or rescue squad in at least OBSERVER capacity.
5. During the summer when regular school is not in session, probationary members under the age of 18 may spend a maximum of two (2) duty nights per week (Monday to Monday) if they meet all requirements of Rule #4.
6. At least one (1) parent or legal guardian shall join applicants under the age of 18 for their interview with the Membership Committee. The Membership Committee may require additional meetings with applicants under the age of 18 and their parents/legal guardians in addition to the standard interview.

7. The probationary period for members under the age of 18 lasts from the time they are approved for probationary status by the membership until either A.) they reach the age of 18, or B.) a 365-day period has elapsed. The longer of these two conditions shall apply, after which the member shall be eligible for vote for regular membership at the next regular business meeting.

**Agreement for Applicants and Members of the Arbutus Volunteer Fire Department
Who Are Between the Ages of 16 and 18**

I understand that I am undertaking a large commitment of responsibility, maturity, and public trust. I understand that my commitment to the Arbutus Volunteer Fire Department is second to my commitment to success in my education and my responsibilities to my parent/s or legal guardian/s. I understand that to continue activities at the fire department, I must succeed in my education.

I understand that there are risks associated with emergency service, including such potential exposure to environments containing immediate dangers to life and health (e.g. fire, hazardous materials, and body substances), encountering persons who are traumatically injured or deceased, and the emotional stress that is a natural result of these situations. I promise to talk to my parents/guardians and my officers about anything of this nature that is troubling to me.

I understand that I must comply with all rules and regulations of the Arbutus Volunteer Fire Department, including the abovementioned rules applying to members under the age of 18. I understand that to remain a member during my probationary period, I must comply with all rules. I understand that if I violate any rule, I may be suspended from the premises and all activities, or my membership may be terminated.

Applicant's Name (Print)

Applicant Signature

Date

**Agreement for Parent/s or Legal Guardian/s of Applicants and Members of
the Arbutus Volunteer Fire Department Who Are Between the Ages of 16 and 18**

I understand all the rules and regulations governing the probationary membership regarding the applicant for which I am responsible. I understand that to continue membership, the applicant must comply with all rules of the department, as well as all rules pertaining to members under the age of 18. I further understand the risks, and the graphic and emotional situations to which the applicant may be exposed.

I authorize my child/legal ward to pursue membership with the Arbutus Volunteer Fire Department of Baltimore County, Maryland, which may include training and response to emergency calls when sufficient training is complete.

I agree to hold harmless the Arbutus Volunteer Fire Department of Baltimore County, Maryland, and all its Officers and Members for any injuries and/or damages, both physical and mental, sustained by my child/legal ward in the course of training, emergency response, or other activities related to or sponsored by the Arbutus Volunteer Fire Department.

Parent/Legal Guardian of above (Print)

Signature of Parent/Legal Guardian

Date

Membership Committee witness (Print)

Signature of Membership Commit.

Date

APPLICATION STATUS

Name:	SSN#:	DATE	INITIAL
<ul style="list-style-type: none"> • Packet received and checked for completeness 			
<ul style="list-style-type: none"> • Interview scheduled for : _____ • Interview conducted _____ • Committee Recommendation? YES NO • Committee Signature _____ 			
<ul style="list-style-type: none"> • Background investigation results CLEAR NOT CLEAR • Drug Test materials issued • Drug Test results: PASS FAIL • Notes: 			
<ul style="list-style-type: none"> • Probationary membership vote PASS FAIL • President Signature _____ • LOSAP assigned _____ 			
<ul style="list-style-type: none"> • Permanent Probationary Membership Vote PASS FAIL NA • Permanent Membership Vote PASS FAIL • Notes: 			



Full Service Pre-Employment
Screening, Testing & Verification

Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Arbutus Volunteer Fire Department (443-324-2973)

Client Code: ARBVOL Branch Code: FIRE

Service Code: Level 1C Level 2C OTHER _____

(please select)

Authorized Agent: _____ Time/Date Sent: _____

NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with **HR First Contact** to verify certain information contained in your application for employment (**including contract for services**) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

APPLICANT'S LEGAL NAME:

Last Name

First

M.I.

DAYTIME PHONE #:

EVENING#:

CURRENT HOME ADDRESS:

Street

City/State

Zip

DATE OF BIRTH:

Month/Day/Year

SOCIAL SECURITY #

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by **HR First Contact**, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that **HR First Contact** will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which HR First Contact has or obtains, and my employment history if I am hired, may be supplied by HR First Contact to other companies that subscribe to HR First Contact. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: _____ DATE: _____