Arbutus Volunteer Fire Department, Station 35

5200 Southwestern Boulevard, Arbutus, MD 21227 Phone: (410) 887 – 1471 Emergency: 911

Application for Regular Membership

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 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 the answers to all the questions on this application are true, complete, and correct to the best of my knowledge and ability.
Please sign and print:

Applicant's Name (Print)	**Applicant Signature**	**Date**
Parent/Guardian Name if Applicant Under 18 (Print)	**Parent/Guardian Signature**	**Date**