

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. We are excited to have you join one of the busiest volunteer firehouses in Baltimore County. In order for your application to be processed quickly and efficiently, please proceed as follows:

- Complete the application form digitally. It helps with accuracy.
- Answer all questions completely to the best of your ability.
- Carefully review the Application Checklist and attach all required materials that apply. Application checklist (on Pg 5) MUST be completed to accept your application.
- If you have any questions regarding the application or the commitments of joining Arbutus VFD, contact the Membership Committee prior to submitting your application. Email: volunteer@arbutusvfd.org
- Upon completion and receipt of the completed application, you will be contacted by the Membership Committee to schedule a meeting. Please allow 30 days for processing.
- Applications received after the 3rd week of October may be deferred for voting in January. There is no voting in December.
- After your interview, a favorable recommendation from the Membership Committee, and favorable results from a background investigation and drug testing, you will be eligible for a vote at the first regular business meeting (held on the 1st and 3rd Wednesday of each month at 7:30 PM) for a 365-day probationary period. Attendance at this meeting is encouraged although not required.
- **Important:** As part of the drug screening process, we will be testing for marijuana/THC. While Marijuana/THC is legal in many states, including Maryland, it is not permitted within the Baltimore County Fire Department or the Arbutus Volunteer Fire Department. Applicants should be free from any drug use for at least 90 days. If marijuana or any other illegal drugs are detected in your system your application will be rejected and you will need to wait 1 year before you can reapply.
- After a successful vote, all operational members must complete a Baltimore County Volunteer Firefighter's Association (BCVFA) Medical Questionnaire & physical fitness exam. Expenses are covered by the BCVFA if you use the Baltimore County Medical provider. Physicals are not required for non-riding members with "administrative only" duties.
- Employees who desire to transfer to volunteer status shall follow the following process:
 - Any employee in good standing may select the option to convert from paid employee status to volunteer status. A person may be either a volunteer member or paid employee but not at the same time.
 - To convert from paid status to volunteer status, an employee would be required to have a current physical, have a letter of recommendation from the current Captain and fill out a volunteer application. The employee would not be required to submit to a drug test or background investigation, as these would have previously been administered.
 - The employee would be required to pay any membership dues for the current year when submitting the volunteer application.
 - The employee would be required to attend a meeting with the membership committee and approved for membership by the committee before being submitted to the general membership for a vote as a probationary member.
 - If approved for membership, the member would be subject to all requirements as any other volunteer member.
 - If the paid employee is accepted as a volunteer member, they would be required to follow the process to become a paid employee if they so choose to switch back to a paid employee status and be required to resign as a volunteer member of the Arbutus Volunteer Fire Department.

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,
Membership Committee
Alex Attumalil, Committee Chair
volunteer@arbutusvfd.org / 410.887.1471



Arbutus Volunteer Fire Department, Station 35

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

Prospective Member Information

History

- Arbutus VFD was founded in 1937
- Mission statement: To provide superior fire, rescue, and emergency medical services to the Arbutus and surrounding communities. We strive to protect life, property, and the environment through intervention, prevention, education, training, and community involvement.
- We provide fire, rescue, EMS, and Swiftwater Rescue to our community through the Baltimore County Fire Dept. We are a volunteer organization with some paid drivers. We respond to approximately 4,000 calls per year. We are one of the busiest and most successful volunteer firefighting organizations in Baltimore County and the state.
- We have an Administrative Side led by our President, who is responsible for the business aspects of the Department. We have a Fireline Side led by our Captain who handles day-to-day and emergency operations. We have an Auxiliary; men and women who do not wish to be active firefighters/EMT's, although wish to support the department through fundraisers, and direct support. The Board of Directors provides oversight to all of these.
- We have a proud tradition of service to the community. If you wish to join us, our expectations are that you will:
 - Serve the community with the integrity, honor, and respect that is part of our tradition.
 - Pay annual dues of \$12.00. The \$90.00 application fee includes 2 calendar years of dues.
 - Respect and maintain all AVFD property, including the building, grounds, equipment, and any property entrusted to you, which may include keys, pager, and turnout gear
 - Respect the other members, the chain of command, and officers
 - Be willing to learn and grow
 - Support the AVFD through you time and efforts in our fundraising activities.
 - Operate at emergency scenes as part of a team, not as an individual, with safety as your utmost concern

Administrative Operations, Application Process, LOSAP, and Dues

- The membership will vote on you for a 365-day probationary membership.
- To be considered for a vote for permanent membership after 1 year, you must accumulate 50 Length of Service Award Program Points. This is a Maryland state system to track your service time. Points accumulate for everything you do here, including emergency calls, meetings, fundraising, training, duty time, and sleep-ins. It is important that you document your time in Fire Rescue Reports (FRR) System. If you do not have 50 points, you cannot be voted on for permanent membership.
- After 3 years of service with at least 50 points per year, you become eligible for a MD state tax deduction of \$7,000.00 (as of 2023 tax year), which will continue if you acquire 50 points per year. After 25 years of service, you become a life member, and are eligible for a monthly stipend at age 60 (currently \$300/month), along with a \$5,000 burial benefit.
- Attendance for your probationary membership vote is not required. If you attend the next Business Meeting, you will be invited to attend the meeting, following a successful vote. You will sign the attendance book as a probationary member. The Financial Secretary will assign you a 6-digit LOSAP number and will confirm this with you via mail. You are encouraged to review the AVFD Bylaws and Membership Handbook which are online. A mentor will be assigned to you to explain the basics of membership and firehouse operations. You may also receive your key fob (deposit of \$6.00 is included in the application fee. The key opens the dayroom door and the doors on the front ramp entering the engine bays.
- A portion of your application fee (\$24) covers dues for 2 years, covering you to the last day of December for your 2nd calendar year. It is your responsibility to pay \$12 dues for the next calendar year before the last day of December. If you fail to do this, you will be dropped from the membership roles and must reapply, which will be a significant inconvenience for you. Dues are payable at any regular business meeting, by deposit in the Treasurer's Office safe/mailbox, by certified regular/mail, or by PAYPAL. Dues may be paid in advance, and many members find it very advantageous to pay at least one additional year.

Fundraising

- The Arbutus VFD owns this property, land, building, apparatus, and equipment.
- We receive some subsidies and grant funds, but much of our income is from donations and fundraising.
- Operating a fire department is expensive. As a member, you will be expected to assist and participate in fundraising events to support this department.



Arbutus Volunteer Fire Department, Station 35

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

Prospective Member Information, continued

Emergency Operations

- The requirements to ride are outlined in the Membership Handbook. Initially, you will need Bloodborne Pathogens Awareness, HAZMAT Operations, CPR, and Hepatitis B vaccine/waiver to ride as an observer on the engines/squad/ambulance.
- A physical fitness exam is required for all riding members. There is no cost to the applicant if they utilize the BCVFA approved provider.
- Your time availability, interest, and engagement will determine how rapidly you progress. If you introduce yourself to members and express interest in learning and training, you will progress more rapidly.
- After your vote, you are eligible to register for any Maryland Fire Rescue Institute (MFRI) class for which you meet the requirements. Be sure to follow MFRI cancellation procedures if you register for a class but cannot attend.
- We require applicants to commit to a duty crew. A duty crew is a group of members and officers who regularly attend the am/pm station shifts each day of the week. Any/all members are welcome to attend any crew at any time, regardless of their committed duty crew.
- New members desiring to become operational riding members will be issued a TRAINEE tee shirt that must be always worn while riding apparatus until the member is cleared as an operational FF or EMT. Additional/replacement shirts are available for purchase.
- Shorts shall not be worn on calls due to safety concerns, unless covered with turnout gear/coveralls. Navy blue Dickies or navy-blue EMS/tactical pants are encouraged.
- Open-toe shoes/sandals/flip-flops are not permitted for riding. Black leather safety boots are provided once a member is cleared and is actively riding apparatus.
- We encourage training and learning is a lifelong process.

Safety and Wellness

- There are responsibilities, stresses, and potential hazards associated with training and fireground operations. We have highest safety standards, but the potential for injury is a part of the fire service. If you are injured in the firehouse or on the fireground, you need to inform an officer immediately.
- Fireground operations are physically and mentally demanding. It is important that you discuss these activities with your doctor. If you have any health issues, (e.g., injuries, medications) either permanent or temporary that could interfere with your well-being on an emergency scene, you need to be honest about your capabilities and should talk with an officer.
- There is potential for you to witness scenes of tragedy on the fireground that may be disturbing to you. This is especially true of incidents involving children, abuse, mass casualty, or dismemberment of a victim. Baltimore County Fire Department has Critical Incident Stress Debriefing (CISD) resources available to address such cases. If you are disturbed by something you experience, please inform your officer so that appropriate resources can be activated. CISD is most effective when implemented within 24 hours of the incident.
- The Arbutus VFD lifestyle needs to be balanced with your family, spouse, children, job/school, and your personal responsibilities. The firehouse is not an escape from responsibilities and problems. We encourage you to talk with your family/friends/employer about your involvement with the AVFD and discuss schedules and expectations.
- We have no tolerance for horseplay, reckless, dangerous, or careless action.
- We do not discriminate against age, gender, race, religion, or sexual orientation. We take these issues seriously and require all our members to take fair practices training. Arbutus VFD does not participate or tolerate "hazing."
- There is a security system throughout this building. We have no tolerance for behavior that is criminal or detrimental to this department.
- We take vehicle safety very seriously. Your personal vehicle is not an emergency vehicle. You are expected to obey all traffic and safety laws when you are responding to the department. You may not flash your lights or honk your horn to move through traffic. You may not install unauthorized flashing lights and sirens on your vehicle. There is no freelancing (e.g., you do not bypass the department to respond directly to a scene and act alone)



Arbutus Volunteer Fire Department, Station 35

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

Prospective Member Information, continued

For members 16-18 with their parent/guardian present

- The fire department demands a high degree of professionalism and maturity. This is an exciting but demanding environment. It is vital that you keep a healthy perspective on priorities.
- We have some specific rules pertaining to members under 18:
 - Cannot be at the firehouse during times when scheduled for school, out by 10:00 pm on nights where there is school the next day.
 - Must have permission to sleep in, cannot sleep in on school nights, max 2 consecutive nights/week when school is not in session
 - Must maintain a C average in all subjects in school to be at the firehouse and submit quarterly report cards
- Academic success is more important than the firehouse. We value your interest and efforts, but your education must be your higher priority. The Captain will maintain contact with you parents/guardian. If the Captain and/or your parents believe that the firehouse is interfering with your academic success, you will be asked to take a break from the firehouse and concentrate on your schoolwork until you improve your grades.



Arbutus Volunteer Fire Department, Station 35

5200 Southwestern Boulevard, Arbutus, MD 21227 Phone: (410) 887 - 1471

Emergency: 911

Application for Regular Membership

Application Checklist:

Thank you for considering membership at Arbutus VFD. Please assure all the following appropriate materials are included prior to submitting the application. Incomplete packets may be subject to delay or rejection:

All applications require:

- A completed application, fully and truthfully completed, signed, and dated. Applicants between the ages of 16-18 additionally require signature and date from a parent/legal guardian.
- A completed *Beneficiary Designation document* that is signed and dated
- A completed *Applicant Notice and Consent Document* that is signed and dated
- Application fee of \$90.00, check or money order (complete with signature, payable to Arbutus VFD). Personal checks must contain name and current address.
- Three (3) **signed and dated** (signed digitally/in ink, dated within 6 months of application) letters of character reference, **including contact phone number**. Unsigned and/or undated letters will not be accepted. Letters may not be from members of Arbutus VFD or immediate family members.

Additionally:

- If you have a driver's license, a photocopy of the front and back of the license
- If you have a driver's license, a certified copy of your MVA record from the state issuing your driver's license. In Maryland, this is available from the MVA website for a fee of \$12.00.
- If you are a current or past member of any volunteer fire/rescue/emergency medical services (EMS) organization in the state of Maryland, you must provide a signed and dated (within 6 months of application) letter from the President or Chief Officer of the company expressing permission for the applicant to join Arbutus VFD or stating that your obligations with that department have been fulfilled.
- If you are under the age of 18 and still attending school, a copy of most recent report card
- Copies of fire/rescue/EMS courses, licenses, and certifications may be submitted with the application.

Please read and initial your agreement to each statement below. If you have ANY questions about application materials or the statements, please discuss with the Arbutus VFD Membership Committee before submitting your application:

- _____ I have completed this application completely and truthfully.
- _____ I understand I must provide all required paperwork, attend a Membership Committee interview (with a parent/legal guardian present if under 18), and pass a mandatory drug screening and criminal background investigation prior to a vote by the membership. I also understand that riding members must complete a physical fitness exam.
- _____ I understand that part of the \$90.00 application fee is non-refundable. If I withdraw my application, or if my application is rejected by the membership, I understand that I will be refunded \$30.00.
- _____ I understand that joining Arbutus VFD requires maturity, integrity, and professional commitment. I am prepared to dedicate my time and effort towards training, fundraising, events, and the operational success of the fire department.
- _____ I understand that a degree of personal risk is associated with emergency service operations, including the potential for exposure to hazardous environments and situations that could result in injury or bodily harm. I agree to commit to safe training and work practices, use all appropriate personal protective equipment, and follow all commands and instructions for my safety and the safety of others.
- _____ I understand that Arbutus VFD is a professional volunteer emergency services organization, and I will commit to upholding the positive reputation of the department.
- _____ I am prepared to respect and obey the rules, bylaws, chain of command, and the officers of the Arbutus VFD.

Date Submitted: _____

Signature: _____



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

Part I. Personal Information:

Please provide your full legal name.

First Name: _____ Middle Name: _____ Last Name: _____

Suffix (check one) NONE JR. SR. II III IV

Have you changed names or used an alias? _____

Do you prefer a shortened or informal version of your first name? _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Social Security# _____ - _____ - _____

Note: Arbutus VFD respects the sensitivity and confidentiality associated with Social Security numbers. Disclosure is required for insurance and benefit purposes ONLY. Personnel records are stored securely.

Current address:

House# _____ Street _____ Apt# _____ City _____ State _____ Zip _____

Check here if the current address is a dormitory/temporary housing subject to change.
If so, please supply a permanent address under Emergency Contacts.

Previous address/addresses resided within last 5 years:

House# _____ Street _____ Apt# _____ City _____ State _____ Zip _____

House# _____ Street _____ Apt# _____ City _____ State _____ Zip _____

House# _____ Street _____ Apt# _____ City _____ State _____ Zip _____

Home Phone#	
Cell Phone#	
Email	

Emergency Contact Information. Please list in order of preferred contact in the event of an emergency.

Name	Address	Phone	Relationship



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

Part II. Interest

How did you hear about Arbutus VFD? (Check all that apply, if OTHER, please indicate on the line below)

- COMMUNITY WEBSITE FACEBOOK AVFD MEMBER AVFD EVENT
- OTHER _____

I am interested in: (check all that apply)

- FIRE RESCUE EMERGENCY MEDICAL SERVICES (EMS) SWIFTWATER ADMINISTRATIVE
- Check here if you are ONLY interested in an administrative (non-riding) role.

Please explain in a few sentences why you wish to join Arbutus VFD.

Part III. Citizenship/Armed Forces Service

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, please indicate:

VISA Class	
VISA Status	
Expiration Date:	

Place of Birth (City, State/Country) _____

Have you ever served or are you currently serving in any branch of armed services? Check one: YES NO

If YES, indicate branch _____ and check one: ACTIVE RESERVE DISCHARGED

If DISCHARGED, indicate date, and check one: _____

- HONORABLE MEDICAL OTHER THAN HONORABLE DISHONORABLE



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

Part IV. Emergency Service Experience

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

If YES, please complete the table below. For multiple companies, list most recent at top.

Company Name/#	City/State	Membership Start Date	Membership End Date or CURRENT	Indicate if RESIGNED or EXPELLED

If 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 or stating that your obligations with that department have been fulfilled (See Page 17)

Check here if you have been assigned a Maryland Length of Service Awards Program (LOSAP) number. If so, provide the following:

LOSAP# _____ County of affiliation _____ Years of credit _____

Please list any certifications or training. You may include copies of certifications with the application materials:

Have you ever been turned down for membership, suspended, or expelled from ANY volunteer fire, rescue, or EMS company? Circle one: YES NO If YES, describe below:



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

Part V. 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 provide a photocopy of the license and a certified copy of your driving record from the state of issuance.

In the table below, indicate any current or previous driver's licenses you have held. List most recent at top.
For STATUS, indicate CURRENT, SURRENDERED, SUSPENDED or REVOKED

License#	State	Class	Year Issued	Status

If you indicated that you had a license SUSPENDED or REVOKED, please describe the date and circumstances:

Part VI. Education

Check if you are a: FULL-TIME STUDENT PART-TIME STUDENT

High School/s Attended

School Name	City/State	Years Attended Include TO PRESENT if currently enrolled	Graduated? YES/NO

Check here if you have a G.E.D.

Advanced Education (e.g., colleges, universities, trade schools)

School Name	City/State	Years Attended Include TO PRESENT if currently enrolled	Degree Earned /Field



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

Part VII. Employment

Please complete the table below with any employment history. List current or most recent first.

Employer, including SELF	City/State	Job Title	PART or FULL Time	Employed from (years)

Address of current employment:

Street# _____ Street _____ Apt# _____ City _____ State _____ Zip _____

Immediate supervisor: Name _____ Title _____ Phone _____

Please indicate any knowledge/skill/professional certifications you possess that may be beneficial to Arbutus VFD.

Please indicate any career goals/aspirations: _____

Part VIII. Criminal Background Disclosure

Completion of an Applicant Notice and Consent Document from HR First Contact, signed and dated is required.

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 of and describe each incident and circumstances below.



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.

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 a \$90.00 application fee, (\$24.00 annual dues/2 years, \$6.00 department key deposit, \$25.00 criminal background check, \$35.00 drug test). I understand that the initiation, Drug Test, and background check fees 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 paid by December 31st each calendar year and that the dues I am enclosing with this application only cover through December 31st of the current year and the following calendar year.

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



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

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 do 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 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 TRAINEE 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 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.



Arbutus Volunteer Fire Department, Station 35

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

Application for Regular Membership

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 Committee

Date

Arbutus Volunteer Fire Department, Inc.

5200 Southwestern Boulevard, Baltimore, MD 21227

Established 1938



Station 350
Fire • Rescue • EMS

To: President or Chief Officer of _____

Greetings,

A member or former member of your department has applied for membership at Arbutus Volunteer Fire Department in Baltimore, MD. If an applicant has prior membership with another volunteer fire/rescue organization within the state of Maryland, our bylaws require letter of permission from the applicant's company prior to joining Arbutus VFD. Please assist us by completing the form below, signing and dating, and returning to us.

Applicant's Name: _____

President or Chief Officer Name (Printed) _____

Position/Title _____

Please check all that apply:

- This applicant is a CURRENT member in good standing with this department.
- This applicant is a PAST member of this department:

- RESIGNED
- DROPPED
- EXPELLED

- Our company has no knowledge or record of this applicant.
- This applicant MAY pursue membership with Arbutus VFD
- This applicant MAY NOT pursue membership with Arbutus VFD, due to obligations or conflicts with our rules/bylaws.

Any comments, commendations, or concerns regarding this applicant?

Signature _____ Date _____

Thank you for your time. Please respond through one of the following:

- Mail: Address above
- Attn: Membership Committee
- FAX: 410.242.6962
- Scan and email: cao350@bcvfa.org

Sincerely,
Arbutus Volunteer Fire Department, Membership Committee

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



Background Screening and Human Resource Solutions

Applicant Notice and Consent Document

First Contact HR Fax Number: 267-419-1396

Client Name: Arbutus Volunteer Fire Department

Client Code: ARBVOL

Service Code: ResidenceCrim [] ResidenceCrimM []

OTHER [] (please select)

Authorized Agent: _____ Time/Date Sent: _____

NOTICE TO JOB APPLICANTS

Your employer has contracted with First Contact HR 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. Generation

PHONE #:

E-MAIL ADDRESS:

CURRENT HOME ADDRESS:

_____ Street City/State Zip

MOVE IN DATE:

FORMER NAME / MAIDEN NAME:

(Mo / Yr)

DATE OF BIRTH:

SOCIAL SECURITY #

Month/Day/Year

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

ADDRESS HISTORY: List all former addresses of residence within the past 7 years, beginning with the most recent and working back (if additional space is needed, please provide a second page):

Number & Street Address City State / Zip Dates of Residence

Number & Street Address City State / Zip Dates of Residence

Number & Street Address City State / Zip Dates of Residence

It is possible that your employment may be determined in whole or in part by your employer using data from a report supplied by First Contact HR, 1035 Virginia Drive, Suite 204, 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 First Contact HR will verify all or part of the information I have given my 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. 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

www.firstcontacthr.com

First Contact HR – Applicant Notice and Consent Document

ADDITIONAL STATE LAW NOTICES

Under **CALIFORNIA, MAINE, MASSACHUSETTS, MINNESOTA, NEW JERSEY** and **OKLAHOMA** law, you have the right to receive a free copy of your consumer report by checking this box.

If you are a **California, Massachusetts, Maine, New York or Washington** applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by First Contact HR during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at First Contact HR's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. First Contact HR has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MASSACHUSETTS: Where an investigative consumer report is requested, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

You are also entitled to receive a copy of Article 23A of New York's Correction Law.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from First Contact HR, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTONSTATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

State-Specific Credit History Requests:

California, Connecticut, Maryland, Oregon and Washington State Applicants Only (AS APPLICABLE): I further understand that my employer will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California and Connecticut only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) *the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (**Employer to complete the question below)* (Connecticut, Maryland, Oregon and Washington only); (v) I am seeking employment as a covered police officer, peace officer or other law enforcement position (California and Oregon only - in Oregon the police or peace officer position must be sought with a federally insured

First Contact HR – Applicant Notice and Consent Document

bank or credit union), (vi) the employer reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only), (vii) I am seeking a position with the state Department of Justice (California only), (viii) I am seeking a position as an exempt managerial employee (California only), or (viii)) I am seeking employment in a position that involves regular access to personal information of others (i.e., bank or credit card account information, social security numbers, dates of birth), other than regular solicitation of credit card applications at a retail establishment, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the employer or regular access to \$10,000 or more in cash (California only).

****Bona fide reasons why the employer considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California the COMPANY'S basis for the credit check:**

New Jersey Applicants Only:

New Jersey Consumers Have the Right to Obtain a Security Freeze

You may obtain a security freeze on your credit report to protect your privacy and ensure that credit is not granted in your name without your knowledge. You have a right to place a "security freeze" on your credit report pursuant to New Jersey law.

The security freeze will prohibit a consumer reporting agency from releasing any information in your credit report without your express authorization or approval. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. When you place a security freeze on your credit report, within five business days you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or to temporarily authorize the release of your credit report for a specific party, parties or period of time after the freeze is in place. To provide that authorization, you must contact the consumer reporting agency and provide all of the following:

- (i) The unique personal identification number or password provided by the consumer reporting agency;
- (ii) Proper identification to verify your identity; and
- (iii) The proper information regarding the third party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report.

A consumer reporting agency that receives a request from a consumer to lift temporarily a freeze on a credit report shall comply with the request no later than three business days or less, as provided by regulation, after receiving the request. A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities. If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your own applications for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, a few days before actually applying for new credit. You have a right to bring a civil action against someone who violates your rights under the credit reporting laws. The action can be brought against a consumer reporting agency or a user of your credit report.(2) If a consumer requests information about a security freeze, he shall be provided with the notice provided in paragraph (1) of this subsection and with any other information, as prescribed by the director by regulation, about how to place, temporarily lift and permanently lift a security freeze.



Beneficiary Designation Form for Group Insurance Products Underwritten by:

AXIS Insurance Company

New York Life Insurance Company

Instructions: As a member of your organization you are eligible for benefits under group insurance policies provided through Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** - You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **A&H** is Accident & Health insurance provided by your organization for which they pay the premiums.
- **AD&D** is Accidental Death & Dismemberment insurance provided by your organization for which they pay the premiums.
- **Critical Illness** is group Critical Illness insurance provided by your organization for which they pay the premiums.
- **Group Life** is life insurance provided by your organization for which they pay the premiums.
- **Cancer:** Firefighter Cancer Health Care Benefit Plan **or** a cancer insurance program provided by your organization for which they pay the premiums.

If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.
- **Consult an Attorney-** This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



Beneficiary Designation Form for Group Insurance Products Underwritten by:

AXIS Insurance Company

New York Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

Section 1: Policyholder Information

Organization Name			Phone	
Organization Address	City	County	State	Zip

Section 2: Member Information

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security#
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Check the coverages to which this beneficiary designation form applies. A&H AD&D Critical Illness Group Life Cancer All

Section 3: Primary Beneficiary(ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 4: Contingent Beneficiary(ies) **Total Must Equal 100%**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 5: Signature **Total Must Equal 100%**

X _____ Date _____

Member Signature. Date

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

THIS SECTION TO BE FILLED OUT BY THE APPLICANT: (please print)

Patient Name: _____ Date of Birth: _____
Address: _____
Phone: _____ Volunteer Station (Number): _____

I hereby authorize use or disclosure of protected health information about me as described below.

1. The Medical Board of the Baltimore County Volunteer Firefighter's Association may receive disclosure of protected health information about me from the CRISP system which is the designated Health Information Exchange in Maryland and the District of Columbia. <https://www.crisphealth.org/for-patients/>
2. The specific information that should be disclosed includes:
 - a. Any information relating to past or present prescriptions.
 - b. Any information relating to past or present physical or mental health conditions.
 - c. Any information relating to past or present provision of health care.

I understand that:

3. This authorization is voluntary.
4. The information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
5. The medical information released may contain information related to HIV status, AIDS, sexually transmitted diseases, mental health, drug and alcohol abuse, etc.
6. This authorization is valid for one year from the date signed, OR unless an earlier date is specified here: _____, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: _____
7. I may revoke this authorization by notifying the BCVFA Medical Board in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
8. My purpose/use of the information is for Physician Review of Medical Conditions to Determine Readiness for Duty as a Fire Fighter or Emergency Medical Services Responder.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING -

Signature of Individual
(The person about whom the information relates)

Date of Individual's Signature