

# Walkersville Volunteer Fire Company Junior (Ages 16-17 years) Membership Application

Dear Cadet / Junior Member,

Thank you for your interest in the Junior Membership of the Walkersville Volunteer Fire Company. Our organization is dependent on volunteers for success in every aspect of our operations. Although a fire department is formed to provide protection to the community, it is imperative that we also have personnel who wish to participate on the administrative and fund raising level as well. You will find that this department is a community within a community, working together to provide the highest level of fire and rescue protection possible. We are not limited, however, to firefighters. The majority of our funds needed to support everyday operations, equipment purchases and training are raised through the hard work of our volunteers. Therefore, we recruit not only people interested in becoming firefighters, but those who wish to volunteer computer skills, management skills, or just elbow grease.

Attached you will find the Junior Membership application.  
Please fill it out carefully, completely and legibly.

Return your completed application using the following fee schedule.

**Junior Member Applicants - \$10.00 Initiation fee plus \$5.00 yearly dues**

Please make checks payable to the **Walkersville Volunteer Fire Company, Inc.**

*( When the application is submitted and presented for Company approval during the November or December monthly meetings, the yearly dues will be applied to the following membership year. )*

Please return the application by mail or by dropping it in the membership mailbox located in the hall by the engine bay entrance. A member of the Membership Committee will contact you to schedule an interview. Membership applications will be presented at the company meeting which is held the first Monday of every month with the exception of July. You will be notified of your acceptance or denial of membership by mail.

Once again, thank you for your interest and we look forward to working with you in the future.

Sincerely,

*Kristi Staley*  
Membership Committee

# Walkersville Volunteer Fire Company

## JUNIOR MEMBERSHIP APPLICATION

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

_____		_____	
Date of Application		Social Security Number	
_____	_____	_____	
First Name	MI	Last Name	
_____	_____	_____	_____
Street Address	City/Town	State	Zip Code
_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	
_____	_____	_____	
E-mail address		Date of Birth	
_____		_____	
School		Grade Level	
_____		_____	

How did you find out about the WVFC ? \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_ Open House  
\_\_\_\_\_ Frederick County Recruitment Program \_\_\_\_\_ Other: Please Specify \_\_\_\_\_

Are you interested in Fire / Rescue Training? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide any other education training, or special skills information you have which may be beneficial to this organization (i.e. typing, bookkeeping, mechanical, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature Required** \_\_\_\_\_

Please provide three (3) personal references that we may contact:

_____	_____	_____
Name	Phone	Relationship/How you know.
_____	_____	_____
Name	Phone	Relationship/How you know.
_____	_____	_____
Name	Phone	Relationship/How you know.

**Parent Permission ( required for Junior Member Applicants )**

I hereby give permission for \_\_\_\_\_ to participate as a Junior Member of the Walkersville Volunteer Fire Company and its activities. After proper training, he / she may assist in any emergency or situations requiring a fire or rescue response. In addition, he / she may assist with fund raising activities and work details sponsored by the WVFC. I also agree to assist the WVFC with enforcing the rules, regulations and guidelines as requested.

**Guardian Name:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

Your dependent is covered under Frederick County Fire and Rescue Association Insurance while participating with the WVFC and the WVFC assumes responsibility from the beginning of an activity until the completion of the incident or activity.

It is the intent of the WVFC to involve parents as much as possible in their child's new and exciting endeavor in emergency services. We encourage open communications and welcome your participation. We will also require you to attend the pre- membership interview. Should you have questions or concerns, please feel free to contact the Membership Committee.

**Membership Committee Use Only**

Membership Status      Junior Member      \_\_\_\_\_ ( Age 16 or 17 )

Interview completed by: \_\_\_\_\_

Date / Signature of Interviewer : \_\_\_\_\_, \_\_\_\_\_

Committee Recommendation:    Accept (    ),    Deny (    )

Date presented for Membership: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Action:    Accept (    ),    Deny (    )





# MEMBERSHIP BENEFIT ENROLLMENT FORM

Form must be printed neatly and in its entirety



## Statement of Acceptance

I, \_\_\_\_\_ hereby certify that this information is correct. I understand  
Print Name

the enrollment form applies to all benefits funded or provided by Frederick County Government and/or the Frederick County Volunteer Fire & Rescue Association, Inc. These benefits include, but not restricted to, life insurance, Length of Service Awards Program, Accident and Health Benefits, Workers Compensation coverage or other benefits provided to members of the volunteer fire and rescue companies in Frederick County, MD.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ **DO NOT** WISH TO ENROLL IN THE LENGTH OF SERVICE AWARDS PROGRAM

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

We certify that the Individual above is a member of our volunteer fire & rescue organization.

Date voted in to membership \_\_\_\_/\_\_\_\_/\_\_\_\_  Administrative  Operations  Fire Police

\_\_\_\_\_  
Department President or Chief (sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
LOSAP or Membership Chairperson (sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Volunteer number issued

\_\_\_\_\_  
ID card number issued

\_\_\_\_\_  
FCVFRA Representative processing application

\_\_\_\_\_  
Date

FREDERICK COUNTY VOLUNTEER  
FIRE & RESCUE ASSOCIATION, INC.



5370 Public Safety Place  
Frederick, Maryland 21704  
www.FCVFRA.com  
O: 301-600-2356 F: 301-600-2592



**VOLUNTEER INSTRUCTIONS FOR USE OF THE COUNTY IDENTIFICATION BADGE AND  
COMBINATION I.D. ACCESS CARDS**

*PHOTO I.D. BADGES PROVIDE A VISIBLE MEANS OF IDENTIFICATION FOR VOLUNTEER FIRE & RESCUE PERSONNEL. THE BADGES ARE TO BE UTILIZED FOR IDENTIFICATION FOR THOSE MEMBERS REQUIRING ADMITTANCE TO INCIDENT SCENES, OR IDENTIFICATION FOR FUNDRAISING OR PUBLIC ACTIVITIES. THE BADGES **SHALL NOT** BE USED FOR PERSONAL USE OF GAIN OR ABUSE OF THE RIGHTS AND PRIVILEGES OF A MEMBER OF A FREDERICK COUNTY VOLUNTEER FIRE OR RESCUE COMPANY.*

- Do not lend your Photo I.D. badge to any other person for any reason.
- Report a lost photo I.D. badge to your Chief **immediately**.
- Return found photo I.D. badges to your Chief **immediately**.
- If you leave the Fire/Rescue Department you must return your photo I.D. badge to your Chief or DFRS.
- You must surrender your photo I.D. badge to your Chief upon request.
- Do not alter the photo I.D. badge or apply adornments. This may damage the chip imbedded in the card. The information and photograph may not be obstructed.
- While wearing and storing your badge, please exercise due care.
- Do not bend or manipulate your badge and avoid subjecting it to extreme temperatures.
- The authorized member for your department will generate building access authorization if your badge serves as a control access card as well.
- A new Instruction for Use Form is required for replacement badges.
- In the event the card is lost, stolen or is not returned at the end of your volunteerism, a fee of \$15.00 will be charged.
- Members shall comply with all applicable policies and procedures as outlined that pertain to the display, issue and return of the County's photo I.D. badge.

**Receipt Acknowledgement**

Station #: \_\_\_\_\_  Operational  Administrative  Fire Police

I hereby acknowledge receipt of the Frederick County Fire/Rescue I.D. Badge Instructions for Use Form and agree to its conditions.

\_\_\_\_\_  
Print Name - Member

\_\_\_\_\_  
Signature - Member

\_\_\_\_\_  
Chief or President Signature

\_\_\_\_\_  
Date

Card # \_\_\_\_\_ ID# \_\_\_\_\_