



## Walkersville Volunteer Fire Company, Inc. Senior Membership Application (Ages 18+)

---

Dear Perspective Member,

Thank you for your interest in 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 fundraising 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 membership application, LOSAP enrollment, background check consent form, and ID Badge form (Operational only). Please fill out carefully, completely and legibly.

Return your completed application using the following fee schedule.

**Operational Member Applicants:** \$10.00 Processing fee plus \$10.00 yearly dues  
(Operational membership is contingent upon fingerprinting)

**Social Member Applicants:** \$10.00 Processing fee plus \$10.00 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 and 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 by mail or email.

Sincerely,  
The Membership Committee

# Walkersville Volunteer Fire Company

## SENIOR MEMBERSHIP APPLICATION

**PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED**

**Please select one:**  **Social Membership (fundraising, administration duties, etc)**

**Operational Membership (Training, Active Responder/Firefighter, and above)**

\*New operational members are subject to fingerprinting at no cost

Date of Application	Social Security Number		
Mr. Ms.			
(Circle One)	First Name	MI	Last Name
Street Address	City/Town	State	Zip Code
Primary Phone Number	Email Address		Date of Birth
Employer/School	Occupation		
Employer/School Address		Employer/School Phone	
<b>May we contact your employer as a reference ? (Circle One)</b>		Yes	No
Driver's License Number		State	Class
<b>YOU MAY BE REQUIRED TO PROVIDE YOUR CURRENT DRIVER'S LICENSE OR OTHER FORM OF IDENTIFICATION AT THE TIME OF INTERVIEW PROCESS</b>			
Highest Level of Education (High School Graduate, College, Degree, etc) and school/university name			
If College or Tradework, please list field of education or expertise			
Please provide any other education, training, special skills you believe may be beneficial to this organization (ie. Bookkeeping, banking knowledge, mechanical skills)			

Do you wish to be enrolled in LOSAP ? Yes or No (Please Circle and Initial your response)

[If yes, complete attached paperwork] \_\_\_\_\_ (Initials)

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 \_\_\_\_\_

Have you ever been a member of another Fire / Rescue Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Department Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Positions or Office (s) held: \_\_\_\_\_

Have you ever been convicted of a felony? [YES] [NO] If [YES], please identify:

Date	Offense	Outcome	Initials
------	---------	---------	----------

Date	Offense	Outcome	Initials
------	---------	---------	----------

**Your signature below indicates that you agree to a background check (paperwork attached) and fingerprinting. Additionally, your signature acknowledges that no operational members may partake in the usage of marijuana, or other CDS, regardless of medical use card. (Policy provided upon request)**

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

( Use the back of the application if additional space is required for any of the questions. )

At such time that your position or responsibility with the WVFC requires or involves the operation of emergency vehicles, your driving record will be required. **Your driving record or the conviction of any crimes, will not be a sole determining factor in the acceptance or rejection to membership**

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.
------	-------	----------------------------







# 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# \_\_\_\_\_

**WALKERSVILLE VOLUNTEER FIRE COMPANY**

Date: \_\_\_\_\_

Name: **(Please Print Clearly)**  
\_\_\_\_\_

First

Middle

Last

Other Names used \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

All states resided in within the past ten ( 10 ) years:

\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize a background investigation to be completed as part of my application for Walkersville Vol Fire Co. I understand that Be Secure LLC T/A May Security Service will perform the background investigations without prejudice.

I understand and authorize an FBI, National and Maryland Criminal, Civil, Motor Vehicle and sex offender records check to be conducted in all states for the past 10 years. All information received will be held in the strictest of confidence by Be Secure LLC T/A May Security Service and Walkersville Vol Fire Co. I understand that Walkersville Vol. Fire Co. may require recovered information to become part of my personnel record/file.

I hereby release and waive my rights regarding these records and authorize their recovery to Be Secure LLC T/A May Security Service and Walkersville Volunteer Fire Company.

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Organization Signature Date

\*\*\*NEED RESULTS BY \_\_\_\_\_ MVA RECORD YES or NO  
Circle One