

Walkersville Volunteer Fire Company

Senior

Membership Application

Dear Perspective Senior 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 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 membership application.
Please fill it out carefully, completely and legibly.

Return your completed application using the following fee schedule.

Operational Member Applicants - \$10.00 Initiation fee plus \$10.00 yearly dues
(Operational membership is contingent upon fingerprinting)
Social Member Applicants - 10.00 Initiation 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 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

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. MRS.
(circle one - optional)

First Name

MI

Last Name

Street Address

City/Town

State

Zip Code

Home Phone

Work Phone

Cell Phone

E-mail address

Date of Birth

Employer/School

Occupation

Employer/School Address

City/Town

State

Zip Code

Employer/School Phone

Employer/School Fax Phone

Work E-mail Address (optional)

May we contact your employer as a reference ? Yes _____ No _____

Required Beneficiary Information for Insurance Purposes: (Will not be processed without)

Primary Beneficiary

First Name

MI

Last Name

Date of Birth

Relationship

Phone Number

Street Address

City/Town

State

Zip Code

Contingent Beneficiary

First Name

MI

Last Name

Date of Birth

Relationship

Phone Number

Street Address

City/Town

State

Zip Code

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

_____ Driver's License Number _____ State _____ Class _____

YOU WILL BE REQUIRED TO PROVIDE YOUR CURRENT DRIVER'S LICENSE OR OTHER FORM OF IDENTIFICATION AT THE TIME OF INTERVIEW PROCESS

Level of Education: _____ Graduate? [YES] [NO] College: _____ Graduate? [YES] [NO]
Years High School Years College

_____ Field of Education _____ Other Formal Education/Training

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.): _____

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

_____ Date _____ Offense _____ Outcome _____ Initials _____

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(The Walkersville Volunteer Fire Company reserves the right to complete an Official Background Check.)

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



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# _____