OAKLAND VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR
JUNIOR MEMBERSHIP

DATE: _____

Name: _____ Date of Birth: _____

Address: _____

Phone Number (H): _____ Phone Number (W): _____

Cell Phone Number: _____ E-Mail: _____

Social Security Number: _____ Driver's License Number: _____

PRESENT EMPLOYMENT HISTORY

Employer: _____ Years Employed: _____

Address: _____ Position: _____

Supervisor: _____ Phone Number: _____

PAST EMPLOYMENT HISTORY

Employer: _____ Years Employed: _____

Address: _____ Position: _____

Supervisor: _____ Phone Number: _____

Employer: _____ Years Employed: _____

Address: _____ Position: _____

Supervisor: _____ Phone Number: _____

Previous Training (FIRE, EMS, ETC.): _____

Have you or do you currently hold membership in another Fire and/or EMS Department? _____

If YES, Company Name: _____ Contact Person: _____

Address: _____ Phone Number: _____

High School attended: _____

Address: _____ Year of Graduation: _____

Have you ever been charged or convicted of a crime? _____ **If YES**, please explain: _____

_____

PERSONAL REFERENCES (DO NOT USE RELATIVES)

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

I, THE UNDERSIGNED, STATE THAT ALL OF THE ABOVE INFORMATION I HAVE FILLED OUT IS TRUE.

I, HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE OAKLAND VOLUNTEER FIRE DEPARTMENT, INC., AND IF ELECTED, AGREE TO COMPLY WITH & BE GOVERNED BY THE SOP's & BY-LAWS OF THE DEPARTMENT. I FURTHER AGREE TO PARTICIPATE IN TRAINING OFFERED BY THE DEPARTMENT & THE MARYLAND FIRE & RESCUE INSTITUTE. I AGREE TO TAKE THE FIRE ESSENTIALS PROGRAM; THE HAZ/MAT OPERATIONS CLASS & A CPR CLASS WITHIN A TWO (2) YEAR PERIOD.

SIGNATURE: _____DATE:_____

SIGNATURE OF PARENT OR GUARDIAN: _____DATE: _____

THE UNDERSIGNED MEMBERS OF THE OAKLAND VOLUNTEER FIRE DEPARTMENT HEREBY RECOMMEND THE ABOVE-NAMED APPLICANT FOR MEMBERSHIP IN THE OAKLAND VOLUNTEER FIRE DEPARTMENT.

_____ _____

APPLICATION ACTED UPON BY STANDING COMMITTEE:
APPROVED: _____ _____ _____
DISAPPROVED: _____ _____ _____
DATE: _____

APPLICATION VOTED UPON BY GENERAL MEMBERSHIP DATE: _____

APPROVED: _____ DISAPPROVED: _____