**OAKLAND VOLUNTEER FIRE DEPARTMENT**
**APPLICATION FOR MEMBERSHIP**

Date: _____

Name: _____ Date of Birth: _____

Address: _____

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

Cell Phone Number: _____ Cell Phone Provider: _____

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 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. I ALSO AGREE TO READ & ABIDE BY THE SEXUAL HARRESSMENT POLICY & THE SOCIAL MEDIA POLICY.**

Applicant Signature: _____Date: _____

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Date Application Received: _____ Meeting with Applicant (Date): _____

Application acted upon by the Standing Committee: **RECOMMEND:** _____

**NOT RECOMMEND:** _____

_____ **DATE:** _____

_____

_____

_____

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_____

_____

_____

Application voted upon by the General Membership present:

Voted in as probationary Member: Yes_____ No_____

Date: _____

Updated 09-06-2025