



Glyndon Volunteer Fire Department
4812 Butler Road
Glyndon, Maryland 21071

(410) 887-6904 or (410) 833-1262
www.GVFD40.org

Membership Application

For Probationary Firefighter or EMS Provider

Dear Applicant,

The Glyndon Volunteer Fire Department (GVFD) is a completely volunteer fire department. The department was established in 1904, with the goal of providing Emergency Medical Services (EMS) and Fire Suppression to the Glyndon community and surrounding communities. The Fire Department is about Tradition, Duty, and Honor and we strive to recruit new members to help us carry on these attributes. Men and Women that are 16 years of age and up are encouraged and welcomed to apply.

To apply, please complete and submit your official member application to the GVFD. Please attach copies of all firefighter and EMS certifications you have earned to your member application. As a potential member of the GVFD, you are required to submit a nonrefundable \$10.00 application fee. This application fee could be a check, money order, cash, or have a member of the membership committee make a credit or debit card transaction of \$10.00. Please make all checks out to the Glyndon Volunteer Fire Department. As a potential member of the Department, you must undergo a background check and drug screening.

After submission of your application to the Glyndon Volunteer Fire Department, you will be notified with a date and time of your membership interview. For the next step of the membership process, after you pass the drug test and background check, you will be introduced at a department meeting. Following your introduction, you may or may not be elected into membership by the general membership. If successfully elected to membership, you will become a probationary member of the Glyndon Volunteer Fire Department.

If elected into membership, you will serve a minimum of 6 months as a probationary member. Within the 6 month period, you must complete the following requirements: participate in a minimum of 20 hours a month of department functions, 6 hours of trainings per quarter (for riding members), and attend 6 company meetings. You must satisfy all requirements during your probationary period to become a full member of the department. The membership committee will track your progress during this probationary period. Once you have completed the requirements stated, the membership community will recommend to the board of directors, that you be promoted to full membership status.

Thank you for your interest in the Glyndon Volunteer Fire Department. We look forward to your successful and long membership. Should you have any questions about the application or membership process please contact a member of the Glyndon volunteer Fire Department at the number provided at the top of the page.

Membership Application



Name of Applicant:

Date of Birth: _____ (Last) _____ (First) _____ (Middle) _____

If under the age of 18 parental consent is required.

_____ (Please Print) _____ (Parental Signature) _____ / ____ / ____ (Date)

Social Security Number: _____ / ____ / _____

Have you ever been known by any other name other than the legal name previously provided? If yes list names and reasons.

Place of Residence

Current Street Address: _____

Apartment #: _____ City: _____ State: _____

Zip Code: _____

How long have you resided at this location? _____ Years

Previous Street Address: _____

Apartment #: _____ City: _____ State: _____

Zip Code: _____

How long did you resided at this location? _____ Years

Contact Information

Home phone: _____ - _____ - _____

Cell phone: _____ - _____ - - _____ Carrier: _____

Work Phone: _____ - _____ - _____

Email Address: _____



Driver's License Information

_____-_____-_____- _____ (License Number) _____ (State of Issue) _____ (Class) ____/____/____ (Expiration Date)

Do You Currently Have any Points on your license? If yes, please explain:

Has your driver's license ever been suspended or revoked? If yes, please explain:

Employment History

Have you ever served the U.S. Armed Forces, if so, do you have any training that you believe will assist in your duties in the Glyndon Volunteer Fire Department?

Employer: _____

Address of Employer: _____ Suite #: _____ City: _____
_____ State: _____ Zip Code: _____

Position: _____

Dates of employment: From: _____
To: _____

Reason for Leaving:



Employer: _____

Address of Employer: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Position: _____

Dates of employment: From: _____

To: _____

Reason for Leaving:

Employer: _____

Address of Employer: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Position: _____

Dates of employment: From: _____

To: _____

Reason for Leaving:

Education History

High School

Name of High School: _____

Address of High school: _____

City: _____ State: _____ Zip Code: _____

Subjects of study: _____



College

Name of college: _____

Address of college: _____

City: _____ State: _____ Zip Code: _____

Subject of study: _____

Trade School

Name of Trade School: _____

Address of trade school: _____

City: _____ State: _____ Zip Code: _____

What trade did you receive your certification in? _____

Do you speak or write in any foreign language? If so explain:

Background

Have you ever applied to Glyndon Volunteer Fire Department in the past, if yes when and what was the outcome with your application? _____

Have you ever, or do you now belong to any other Career or volunteer fire, ambulance or rescue company? If yes:

Company Name: _____ County: _____ Company

Address: _____ City: _____ State:

_____ Zip code: _____ Phone Number: ----- _____

Chief Officer: _____ Rank: _____

Membership Application



Your LOSAP number if you were a previous or current member or employee of Baltimore County Fire Department: _____

If you were a previous member or current member of a fire department? What is your reason for joining Glyndon Fire department?

Have you ever held office before? If so, what positions have you held?

If you hold any Fire Department certifications, please list below.

Please provide hard copies of your certification cards or MIFRI transcripts, upon handing in your application.

Criminal history:

Have you ever been convicted of a crime, if so please explain.



Disclosure statement and signature

I, _____, do here by declare that all the statements contained in this application are true and correct to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial or termination of application to the Glyndon volunteer Fire Department. I hereby authorize the Glyndon Volunteer Fire Department to investigate any or all statements and references provided in this application. I hereby grant permission to the Glyndon Volunteer Fire Department, to investigate my background inclusive to criminal history and verify this information. I also understand that I am required to complete a drug screen prior to being submitted as a probationary member. I understand that Glyndon Volunteer Fire Department has the right to randomly drug test any member of the department at any time if the department feels it is necessary.

Applicant name: _____

Applicant signature: _____

Date: _____

Probationary Requirements

1. All probationary members shall participate in 20 hours of Company function time each month. Company functions are defined as work details, training hours, fundraising hours and or standby time.
2. Members who wish to be a "Riding Member" shall attend at least 6 hrs. of training per quarter. Training hours must be recorded on the GVFD Internal website. Also, you must be able to explain where everything is located on each piece of equipment prior to be turned in as an observer.
3. Probationary members shall attend at least 6 Department meetings during their probationary period.
4. Probationary members shall not make purchases, charge materials or services on behalf of the Glyndon Volunteer Fire Department.
5. At any time during the probationary period, the Board of Directors may review a member's activities and recommend, with the approval of the Department, termination of his/her membership.
6. A probationary member shall with your application fee, be issued a key fob to the building. If you do not meet your probationary requirements, your key fob shall be returned.
7. If you lose your Key Fob, a \$10 fee will be assessed.

DOE: _____

Name: _____ (Print)

Signature: _____

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

The Glyndon Volunteer Fire Department Inc (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Signature _____

Date _____