



Mechanicsville Volunteer Fire Department, Inc.

Post Office Box 37

Mechanicsville, MD 20659-0037

Non Emergency: (301) 884-4709 / Emergency: Dial 9-1-1

www.mvfd.com

Dear Membership Applicant:

On behalf of the Officers and Members of the Mechanicsville Volunteer Fire Department we would like to thank you for your interest in our organization. As an active volunteer, you will receive a valuable firefighting education along with the rewarding experience of serving your community.

Within this application package you will find the following forms and information:

- A.** Membership Application – Make sure to fill out both sides, this is to be filled out by everyone applying for membership.
- B.** Parental Consent Form – This form is to be filled out if you are applying for Cadet Membership. A Cadet is a member that is between the ages of 14 and 16.
- C.** Work Permit – This is for the Cadet Membership ONLY and you may obtain these from your local Post Office.
- D.** Personal Accountability Tag Information Form - The Department will issue you this tag. The purpose of this tag will be explained to you as a member. It is to be filled out by everyone applying for membership.
- E.** Medical Form – This is to be filled out by everyone that is applying for membership. If you plan on participating in firefighting activities you must have this done. This form can be filled out by your family physician. Once this is done, the Mechanicsville Volunteer Fire Department will pay for a physical each and every year that you are a member according to your age.
- F.** A brief description of some of the requirements for members is also provided for your information.
- G.** Background Investigation – If you are 18 years or older, you will need a background investigation done by the State of Maryland. You may get the proper forms from any Maryland State Police Barracks. You must advise them that you need a background check done for the Mechanicsville Volunteer Fire Department. This will cost you \$18.00 to have done.

Upon completion of all forms, simply mail to:

Mechanicsville Volunteer Fire Department, Inc.
28165 Hills Club Road
P.O. Box 37
Mechanicsville, Maryland 20659

You may also bring them to the Mechanicsville Volunteer Fire Department Station 2, which is located at 28165 Hills Club Road in Mechanicsville on a Monday night and give the package to any Officer of the Department.

Once your application and background investigation is received it will be presented to the Department at the next regularly scheduled business meeting to be tabled for thirty (30) days. At the following regularly scheduled business meeting, the voting members present will vote on your application. Please be present at the both meetings so that you can get acquainted with other members. Training drills are scheduled every Monday night with the exception of the second Monday of the month, which is reserved for the monthly business meeting.

If you need any help or have any questions on this package or the Department in general please send an email to the following address: membership@mvfd.com

If you email with questions, please make the subject: MVFD Membership Application

Again, we would like to thank you for your interest in joining the Mechanicsville Volunteer Fire Department, Inc.

Sincerely,

The Membership Committee of the Mechanicsville Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

A. This is to be filled out by everyone applying for membership.

Type of Membership

___ Cadet ___ Junior ___ Active ___ Administrative

Name Last: _____ First: _____ Middle: _____

Address Street: _____

 City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____ Age: _____

Drivers License No: _____ State: _____ Class: _____

Occupation: _____ Home Telephone No: _____

Name of Employer: _____

Employer Address: _____

Employer Telephone No: _____

Exact Location of Residence: _____

Distance from Firehouse: _____

Person to notify in case of an Emergency

Name: _____ Telephone No: _____

Address: _____

Relation: _____

References

Please list 3 references, not related to you by blood, adoption, or marriage that you have known for at least one year. References should not be members of the Mechanicsville Volunteer Fire Department, Inc.

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Previous Experience

Do you have any firefighting experience? If so, please provide any previous fire departments or rescue squads that you have been affiliated with and provide copies of training records and/or a MFRI Transcript. (Use additional paper if necessary)

1. Department Name: _____ Phone No: _____

Address: _____ Officer: _____

2. Department Name: _____ Phone No: _____

Address: _____ Officer: _____

3. Department Name: _____ Phone No: _____

Address: _____ Officer: _____

4. Department Name: _____ Phone No: _____

Address: _____ Officer: _____

5. Department Name: _____ Phone No: _____

Address: _____ Officer: _____

Have you ever been convicted of any offense other than a minor traffic violation?

Yes _____ No _____

If yes explain: _____

Do you have any known physical or permanent disabilities, which might hinder your ability to take part in firefighting activities? (Must also have Health Certificate completed)

Yes _____ No _____

If yes explain: _____

Why do you want to join the Mechanicsville Volunteer Fire Department?

CERTIFICATION

I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. IF ACCEPTED FOR MEMBERSHIP I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE MECHANICSVILLE VOLUNTEER FIRE DEPARTMENT.

Final acceptance for membership is contingent on the completion of a criminal background check. All members are subject to random drug testing.

Signature:

Date:

If you are under 18 years of age, the signature of a parent or guardian is required.

Signature:

Date:

Relation:

DEPARTMENT USE ONLY

Signature of Sponsor: _____

Signature of Officer: _____

Date Nominated: _____

Date Voted On: _____

Held For: _____

Accepted: _____ Denied: _____

CADET PERMISSION FORM

B. This form is to be filled out if you are applying for Cadet Membership. A Cadet is a member that is between the ages of 14 and 16.

I give my son/daughter _____ permission to participate in the Mechanicsville Volunteer Fire Department Cadet Program. I have read along with my

child and fully understand the guidelines of the Cadet Program. I will also provide information to the Mechanicsville Volunteer Fire Department of any known allergies that my child has, along with any medications that my child is currently taking or takes on a regular basis.

Parents Signature _____

PERSONAL IDENTIFICATION TAG (PAT) INFORMATION

D. The Department will issue you this tag. The purpose of this tag will be explained to you as a member. It is to be filled out by everyone applying for membership.

Last Name: _____ First: _____ MI: _____

ID Number: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Emergency Contact: _____ Phone Number _____

Medical History: _____

Check highest certification level in each category

___ 1st Responder

___ Hazmat Awareness

___ Rescue Technician

___ EMT – B

___ Hazmat Operations

___ Rescue Specialist

___ EMT – B IV Tech

___ Hazmat Technician

___ EMT – P

___ Hazmat Incident Commander

___ Incident Safety Officer

___ Health and Safety Officer

Health Certificate

E. This is to be filled out by everyone that is applying for membership.

If you plan on participating in firefighting activities you must have this done.

_____ has applied for membership to the Mechanicsville Volunteer Fire Department, Inc. The primary duty of this individual is to protect life, property and the environment from fire and at times render emergency medical care. These activities are often performed in an environment that is physically demanding and mentally stressful. Members are often required to make critical decisions, perform heavy lifting and drive emergency vehicles. Your evaluation on this individual will assist the Mechanicsville Volunteer Fire Department, Inc, in providing the citizens with the best service possible providing maximum safety to all parties involved.

Evaluation:

- | | | |
|-----|----|---|
| YES | NO | 1. Has had any injury that may interfere with duties. |
| YES | NO | 2 Takes any regular medication that precludes taking part in any strenuous activity |
| YES | NO | 3 Has any defects or impairment that limit sight, hearing or use of limbs. |
| YES | NO | 4 Has any condition (physical or mental) that requires medical supervision. |

If answering YES to any of the above, please explain.

Limitations:

I have examined _____ on the undersigned date, reviewed his/her history and find this individual physically and mentally able to perform the duties of this organization. Any limitations, medications or concerns have been noted above.

Physician signature _____ Date _____

As a volunteer, charitable organization, we would appreciate any professional courtesy that could be extended regarding the completion of this certificate.

Volunteer Employment Consent/Release Form

G. If you are 18 years or older, you will need a background investigation done by the State of Maryland.

St. Mary's County Volunteer Emergency Services

Applicant's Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for _____

_____ to obtain information regarding myself. This

includes the following.

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with St. Mary's County guidelines.

Print Name:

_____ Date: _____

Signature:
