



Dear Prospective Member:

You are about to apply to one of the most respected volunteer fire companies in Harford County. Norrisville is known for its excellence and professional demeanor in field operations as well as in the station. We take pride in our outstanding reputation and strive to keep it that way by attending regular trainings and keeping up on current events. Our vision is to consistently provide our services in a safe and efficient manner and be recognized by our community and our peers as a leader in fire, rescue and emergency medical services. Every person at Norrisville is expected to take this job seriously and we will expect nothing less from you.

There are a lot of requirements that our members are expected to carry out in order to maintain active status in good standing with the company. These will include attending regular meetings, trainings, details, and clean-ups. We also have requirements for riding the equipment which you will be expected to keep current. This community trusts that when they dial 911, willing and capable people are going to arrive. Norrisville has always been able to keep this promise to them and we are not willing to have it any other way.

If this all sounds like something that you are prepared to embark upon, please read and fill out all enclosed forms. Be sure to include everything that the application asks for including driver's license number if applicable. Return the application to the station for the membership committee.

Upon receipt of your application, an interview will be scheduled with you and the membership committee at a time that suits all.

On behalf of Norrisville we would like to thank you for your interest in our company and we wish you the best of luck. We hope that within the next few months you too can be a proud member of this company.

Sincerely,

Kaitlyn Quigley, Chair
Corey Watkins
Matthew Tyrell

Norrisville Volunteer Fire Company



RELEASE FORM

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

I hereby authorize the Norrisville Volunteer Fire Company and its agents to investigate all statements in this application, to investigate my background, obtain a copy of my driving record and obtain information concerning my qualifications as a prospective member in conjunction with this investigation, I hereby authorize any fire, rescue, or ambulance company where I have been affiliated to give the cooperation and any and all information they may have regarding my performance or abilities for the position for which I have applied. I release such persons and entries from any liability with respect to furnishing such information as necessary to those members and agents of the corporation and require such information to investigate or make decisions with respect to any matter to my membership.

I understand and agree that the membership relationship between me and the corporation is "At-Will." This means the member and the corporation each have the right to terminate this relationship at any time with or without cause and with or without advance notice. While by laws, policies and programs exist and may be changed at any time, and my "At-Will" status is not subject to change without written agreement by an officer of the corporation.

I certify the information contained in this application is true, complete to the best of my knowledge. I understand that this information is important to the corporation and will be used by it in considering my membership. Further, I understand that any misstatements or omissions in this application may result in the corporations refusal to accept me as member, or if granted membership, in the immediate termination of my application.

SIGNATURE: _____

PARENT/GAURDIAN (If under 18): _____

DATE: _____



APPLICATION FOR MEMBERSHIP

Date of Application: ____ / ____ / 20____

1. Name: _____
Last First Middle

2. Social Security Number: _____ - _____ - _____

3. Current Address: _____ Apt. # _____

City State Zip

4. E-mail Address: _____

5. Home Phone: (____) ____ - ____ Cell Phone (____) ____ - ____

Work Phone: (____) ____ - ____ Other (____) ____ - ____

6. Address for the past 5 years (If different from above)

Street Address: _____ Apt. # _____

City State Zip

7. Date of Birth: ____ / ____ / ____ Age: ____ Marital Status _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

8. Are you a citizen of the United States? _____

Date Naturalized: ____ / ____ / ____

Place of Birth: _____

9. Occupation: _____

Duties: _____

Place of Employment: _____

Supervisor: _____ Phone Number: (____) ____ - ____

Employer's Address: _____

City State Zip

10: Have you ever served in the armed forces? _____

If yes, what branch? _____ Type of Discharge: _____

11. Do you have physical or mental disabilities or any pre-existing medical conditions that could affect you while performing the duties and responsibilities of a Fire Fighter or an Emergency Medical Service (EMS) Provider? If yes, please explain.

If there are any pre-existing conditions please provide a note from your physician stating that you are able to perform all essential duties.

12. Driver's License Number: _____

Date of Issue: ____ / ____ / ____ Class: ____ State: _____

Original Issue Date: ____ / ____ / ____

Has a license ever been issued to you in any other state or district? _____

If yes, where? _____ Are there any points on your license? _____

If yes, how many? _____

13. Have you ever been a member of this or any other Fire Department? _____

If yes, name of Fire Department: _____

(Please submit a letter of recommendation from the chief officer of that company.)

14. Have you ever been rejected, suspended, or expelled from this or any other Fire Department or Rescue group? _____

If yes, please explain:

_____ 15. Please check which positions you are applying for:

Fire ____ EMS ____ Support _____

16. Name of member or source of your referral to Norrisville Volunteer Fire Company:

17. Please list all, if any, Fire Department training: _____

18. Why would you like to become a member of Norrisville Volunteer Fire Company?

19. Have you ever been convicted of a felony? _____

If yes, please explain: _____

20. As a 6 month probationary member, you must volunteer a total of 20 hours per month at the station. Will you be attending meetings, drills, cleanups and other company events to the best of your time and ability? _____

If no, please explain: _____

**All information provided on this application will be held strictly
confidential**

I _____ certify that all information on this application is true and not altered in any way. If anything is to change I will notify the membership committee immediately.

Please provide a copy of your license and driving record with the application.

If you do not have a driver's license, please provide a photo ID if available.

Signature of Applicant: _____

Date: ____ / ____ / 20__

Parent Signature (If under 18): _____

To Be Filed

Norrisville Volunteer Fire Company Regularly Scheduled Meetings/Trainings/Details

First Monday: Station Cleanup

Second Monday: Fire Training

Third Monday: Fire/EMS Training

Fourth Monday: EMS Training

First Thursday: Company Meeting (1900 hours)

Any questions feel free to contact one of the officers

Member Copy

Norrisville Volunteer Fire Company
2134 Harkins Road - Pylesville, Maryland 21132 - 410-638-3644