

# Kingsville Volunteer Fire Company

**FIRE-EMS-RESCUE SERVICES**

Thank you for your interest in joining the Kingsville Volunteer Fire Company. Everyday we take great pride in protecting and serving our community. Please read all of the information below before completing the application.

## Membership Application

Please fill out everything on the application in its entirety and to the best of your ability.

If you are under 18 years of age, please make sure you have a parent or guardian sign the application and include a copy of your most recent report card. **Have a parent or legal guardian attend orientation night in order to assist us in processing all necessary paperwork.**

All membership types will have a 1 year probationary period that must be successfully completed to obtain full membership within the company.

All classes specified in membership types are provided at no cost to applicant.

If you have any questions or concerns while filling out the application, or the application and probationary member process please contact John Cromwell at [jcffpm@msn.com](mailto:jcffpm@msn.com) or Tammy Burns at [tamster@zoominternet.net](mailto:tamster@zoominternet.net).

**DATE Turned into Station:** \_\_\_\_\_

(Completed by 48 members when turned in)



KINGSVILLE



VOL. FIRE CO.

BALTIMORE COUNTY

MARYLAND

EST. 1954

# Kingsville Volunteer Fire Company

**FIRE-EMS-RESCUE SERVICES**

Application Date \_\_\_/\_\_\_/\_\_\_

T-Shirt Size: \_\_\_\_\_

Type of Membership(s) **FIRE** **EMS** **ASSOCIATE** **SWIFTWATER** **CADET**

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home (\_\_\_) \_\_\_-\_\_\_-\_\_\_ Cell (\_\_\_) \_\_\_-\_\_\_-\_\_\_ Cell Service Provider \_\_\_\_\_

E-mail \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Points \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address (number, street, city, state, zip) \_\_\_\_\_

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

V \_\_\_\_\_ (Membership Committee Only)

DOE \_\_\_\_\_ (Membership Committee Only)

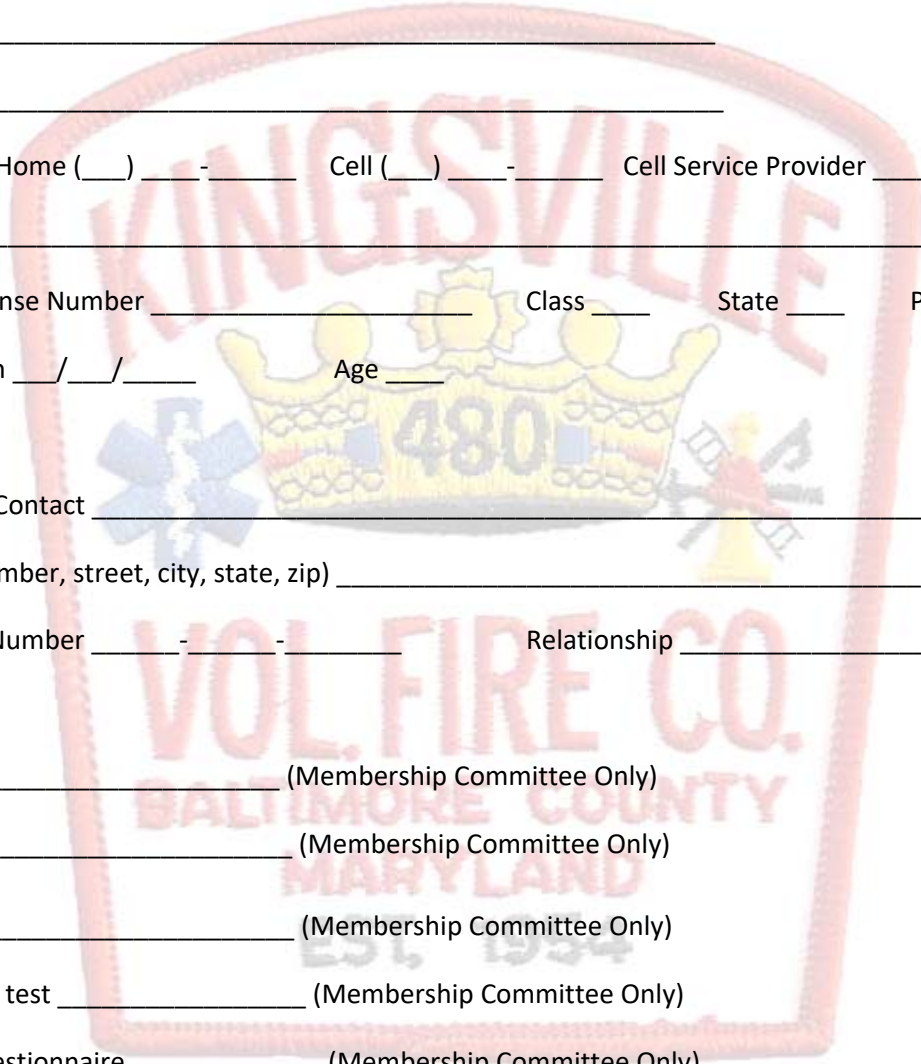
DOV \_\_\_\_\_ (Membership Committee Only)

Drug Screen test \_\_\_\_\_ (Membership Committee Only)

Physical Questionnaire \_\_\_\_\_ (Membership Committee Only)

Appendix A (doctors) \_\_\_\_\_ (Membership Committee Only)

Cadet Entry Date \_\_\_\_\_ (Membership Committee Only)



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Current Employer \_\_\_\_\_ Phone Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Contact number \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

References: Give the names of three people not related to you, whom you have known for at least two years. (Name, Full Address, Phone Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of any other Fire, EMS, or Rescue Company?      YES              NO

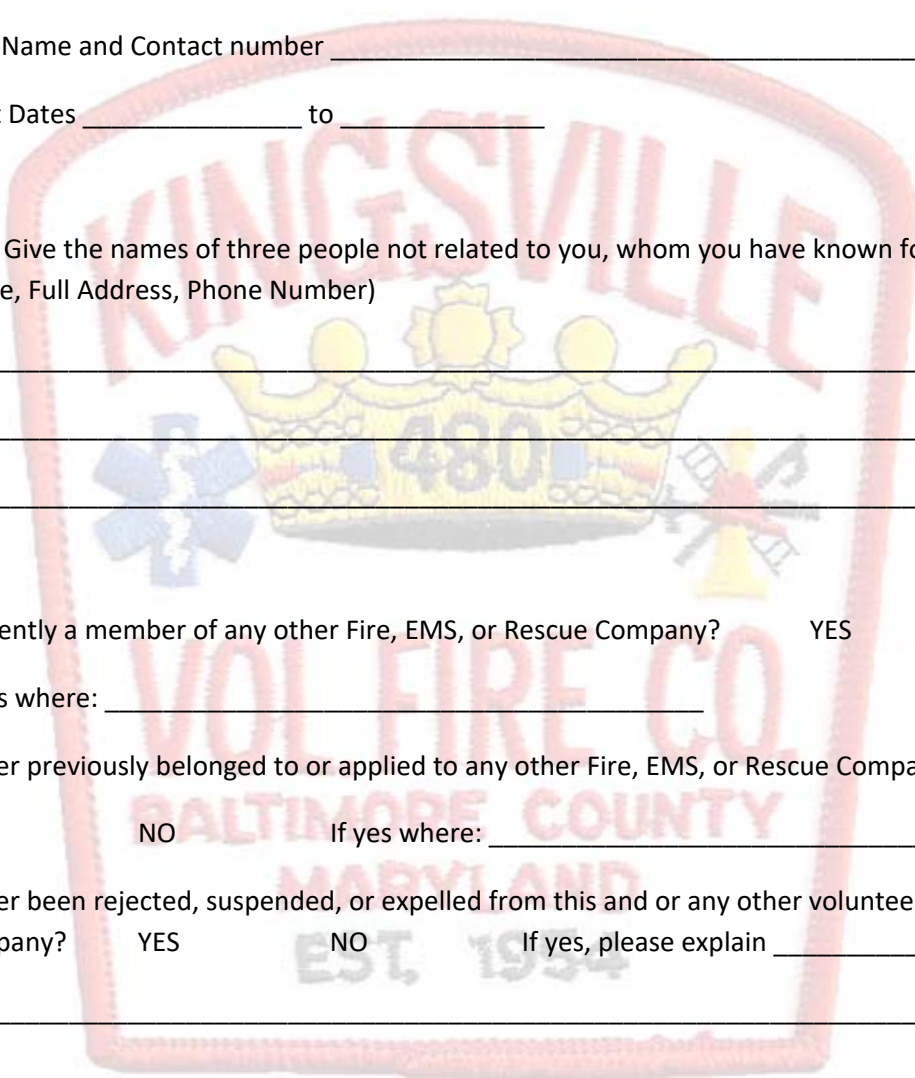
If yes where: \_\_\_\_\_

Have you ever previously belonged to or applied to any other Fire, EMS, or Rescue Company?

YES              NO              If yes where: \_\_\_\_\_

Have you ever been rejected, suspended, or expelled from this and or any other volunteer Fire, EMS, or Rescue Company?      YES              NO              If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Kingsville Volunteer Fire Company

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If under the age of 18 please provide your guardians information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

**Only for the CADETS:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

As a member of the Kingsville Volunteer Fire Company Cadet Program, you will be on probation for a period of six months. At the end of that time the company will vote you on to become an active member in good standing. You must have met all of the requirements to come off of probationary status. In order to accomplish this you must attend meetings, fundraisers and trainings. Please talk with the advisor on what is coming up and how you can accomplish this goal.

READ CAREFULLY: I agree, by signing this application, as a condition of my membership, I will loyally obey the Constitution and By-Laws and Standard Operating Procedures of the Kingsville Volunteer Fire Company and Cadet Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian: I, the undersigned legal parent or guardian of the above-named child. Hereby give my consent for my child to be a member of the Kingsville Volunteer Fire Company Cadet Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kingsville Volunteer Fire Company

**FIRE-EMS-RESCUE SERVICES**

Please list any certifications or licensures that you currently hold along with any expiration dates.  
*Copies of all your certificates need to be turned in when you meet with the committee.*

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# Kingsville Volunteer Fire Company

**FIRE-EMS-RESCUE SERVICES**

New Member Info for Address List:

Name: \_\_\_\_\_

Status: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

DOE/DOV: \_\_\_\_\_

Co. LOSAP: \_\_\_\_\_



R. Sayler##

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**FIRE-EMS-RESCUE SERVICES**

QHZ # HP EHU #ORVD S#

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

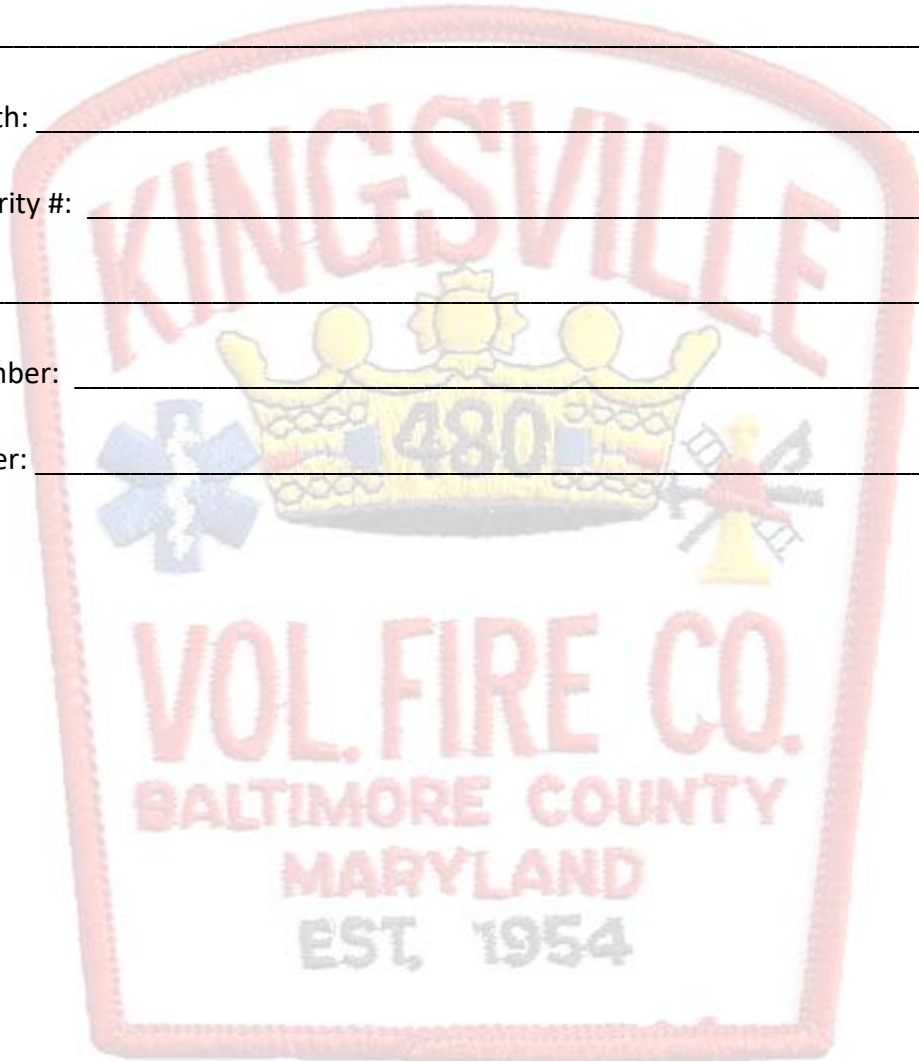
Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Fire/EMS: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Provider: \_\_\_\_\_





**Kingsville Volunteer Fire Company**

**FIRE-EMS-RESCUE SERVICES**

**Please read the following statement carefully before signing**

All applicants applying for membership in the Kingsville Volunteer Fire Company must have a drug test, which will be supplied through the fire company. This test must occur within 72 hours after orientation with the Membership Committee. If the test returns drug free, you will be accepted into the company and will begin your one-year probationary period.

Full Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: All applicants under the age of 18 years of age must have the signature of the parent or legal guardian for drug testing.**

**I give consent for the above applicant to have drug testing through the Kingsville Volunteer Fire Company.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

