NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC.

APPLICATION PROGRESS FORM

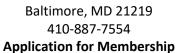
NIANAT.	LOCAD No.
NAME:	LOSAP No:

DATE	TASK		SIGNATURE
	Received Completed Application & Fee		
	If Under 18 Must Obtain Work Permit & Parent / Guardian Permission Form is Signed		
	Copy of Driver's License / ID		
	Meeting with Membership Committee Scheduled (Under 18 Parent / Guardian Must be Present)		
	Drug Test Form Issued		
	Drug Test Results & Status	STATUS	
	Background Check Authorization Signed Complete & Status		
	Background Check Complete & Status	STATUS	SIGNATURE
	Applicate Notified to Appear at Membership for Vote		
	Applicate Certifies They Have Read Constitution & By-Laws and Will Review Company Rules and Policies Within 30 Days of Joining	APPLICATE SIGNITURE:	
	Application Read Off at Membership Meeting		
	Application Voted On & Status	Status	Signature
	Dues Paid		
	Meeting with President and or Chief Officer		
	Member Welcome Package Issued		
	Member Informed to Read Station Rules and Policies'		
	Application Forwarded to LOSAP Chair		
	LOSAP Number Issued		
	Information Entered into FRR System		



NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC.

7500 North Point Road Baltimore, MD 21219 410-887-7554





Type or print all information requested. Enter N/A (not applicable) in those areas that do not apply.

*A mandatory \$15.00 application fee must accompany this application. There is no Application Fee for Current BCVFA or BCoFD White or Silver Tags. * *All applicants are required to have a standard drug test at an approved medical facility. *

Membership Information

Explanation of Types of Membership

Active- Participates in all aspects o Junior Active- Same as active, Ages Semi- Active- Participates in suppo	16 – 17 years	of age.	_	
Type of Membership Desired:		☐ Junior Active (16-17)	☐ Semi- Active (16 & over)	
Why do you want to join the De	partment? _			
	<u>Pe</u>	rsonal Information		
Are You Over the Age of 18?	Yes N	O (minimum age to join	is 16)	
Name (First, Middle, Last):				
Maiden Name(s) or Alias Names	s:			
Mailing Address:				
City:		State:	Zip:	
Physical Address: (If Different from A	.bove):			
City:	State:	Zip:		
Cell Phone Number:		Provide	er:	
Home Phone Number:		Email:		
Driver's License Number:			Class:	State:
Social Security Number:				

NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC

Do You Grant Permission for Y	our Phone Number(s) to be Available to All Members? Yes No
	our Address to be Available to All Members? Yes No No swill make your contact information only available to Company Administrators)
	Residences for Past 5 Years
Dates of Residency	Address (Street Address, City, State, Zip Code)
From: To:	
	Current/ Most Recent Employer
Name of Employer:	Telephone Number:
Address:	
	To Immediate Supervisor's Name:
Previous Employer (If current	vithin past 5 years):
	Telephone Number:
	To Immediate Supervisor's Name:
Duces Employed. From	_ 10
	Criminal Activity Information
	Chillia Activity information
Have you ever been convicted	of a crime? \Box Yes \Box No (If yes, include charge, date and explanation.)
	Character References
List 2 references over 18 yea	s old, not related to the applicant and not a member of this Department.
Name:	Name:
Address:	
Phone Number:	
Are you currently enrolled in s	chool? (If yes, include where and teacher contact information.)

NORTH POINT- EDGEMERE VOLUNTEER FIRE DEPARTMENT, INC

List any members of the North Point- Edgemere Vol. Fire Department that you currently associate wit			
	<u>Firefighting</u>	<u>Experience</u>	
Have you ever be	een a member of a	ny Fire Department? ☐ Yes	□ No
Name and Location:			
Dates of Membership: From Reason for Leaving:	To:	LOSAP No: (Baltimore Cour	
Name and Location:			
Dates of Membership: From Reason for Leaving:			
(Use additional pages if needed)			
(Include typ	oe, date and where	e obtained, and if still current	: .)
Emergency Contact:		Relationship:	
Phone:			
Emergency Contact Address:		City:	State:
Emergency Contact email:			

Application form waiver

approved facility at no cost to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if selected for membership, falsified statements on this application shall be grounds for dismissal at any time without any previous notice. I hereby give North Point-Edgemere Volunteer Fire Department, Inc. permission to contact current and prior employers, character references, other fire departments, and others. I further authorize the Department to obtain a copy of my driving record if my membership will entail operating a vehicle.

I hereby release North Point-Edgemere Volunteer Fire Department, Inc., its leadership, members, volunteers, donors, attorneys, and insurers from any such liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for membership.

I further understand that my membership with North Point-Edgemere Volunteer Fire Department, Inc. shall undergo a probationary period and further that at any time during the probationary period or thereafter, my membership is terminable for violating any rules or regulations of the Department.

Signature of applicant:	
Date:	Parent / Guardian Signature
	(if applicate is under 18)
Agreement to Membership	
YOU ARE REQUIRED TO READ	THE BY-LAWS PRIOR TO BEING VOTED ON. A COPY WILL BE PROVIDED
All new Active, Junior Active	Members are required to enroll in the first available Firefighter or EMS
Class. All Semi-Active Memb	ers are required to participate in fund raising activities.
If granted membership,	I promise to abide by the Constitution, By-Laws, Rules and Regulations of the
North Point- Edgemere Voluntee	er Fire Department, Inc. All information in the above application is true and
correct to the best of my knowle	edge. All Active Members must complete a physical questionnaire provided by
The Baltimore County Volunteer	Firefighters Association. A complete physical may be required by the Baltimore
County Volunteer Firefighters As	ssociation Physician at an approved facility at no cost to you.
Signature of Applicant	Date:
Signature of parent or legal gu	uardian if applicant is under 18 years old.
Printed Name:	Relationship to applicant:
(Parent or Guardian, by signing you	certify you have reviewed and confirm the contents of the completed application and agree
to allow the applicant to have a stan	dard drug test at an approved medical facility. Additional physical paperwork will be
required. A complete physical may b	e required by the Baltimore County Volunteer Firefighters Association Physician at an