

SECRETARY VOLUNTEER FIRE COMPANY, INC.

P.O. BOX 56

SECRETARY, MD 21664

APPLICATION FOR MEMBERSHIP

Membership Type Requested:

☐ Cadet

☐ Pro-Active

☐ Honorary

PROBATIONARY: Must be at least 16 years of age. You will have 18 months to complete MFRI Firefighter I or EMT-B.

HONORARY MEMBERSHIP: Must be at least 18 years of age.

CADET MEMBERSHIP: Must be at least 13-16 years of age, parental consent, and a C average student.

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

PHONE #: _____ EMAIL: _____

DRIVERS LICENSE #: _____ CLASS: _____ STATE: _____

LIST PREVIOUS OR CURRENT FIRE ORGANIZATION MEMBERSHIP (letter of good-standing from current or last company on their company letterhead must accompany this application.

LIST ALL CONVICTIONS (FELONY OR CRIMINAL). IF NONE, WRITE "NONE"

LIST ALL TRAINING RECEIVED (FIRE, MEDICAL, RESCUE) PLEASE ATTACH A COPY OF YOUR MFRI, PRO BOARD, OR FEMA TRANSCRIPT. IF NONE, WRITE "NONE"

LIST ANY MEDICAL, PHYSICAL OR MENTAL DISORDER YOU HAVE BEEN DIAGNOSED WITH OR TREATED FOR THAT MAY IMPAIR YOUR ABILITY AS A FIREFIGHTER OR EMS PROVIDER. IF NONE, WRITE "NONE"

I hereby affirm that all the foregoing statements on this application are true and correct. It is understood that a false statement on this application may be considered as sufficient cause for rejection or if application is approved, dismissal from the Secretary Volunteer Fire Company.

(Signature of Applicant)

(Date)

Application Consent and Release
CADET MEMBERSHIP ONLY

I, _____, age _____, hereby request permission to participate in training, drills, meetings, and other activities of the Secretary Volunteer Fire Company. It is understood and agreed that I will not enter burning structures or respond to Fire, EMS or Rescue Calls.

Date: _____

Applicant Signature

The above application is made with my knowledge and consent, and I hereby waive any and all rights I may have as a Parent/Legal Guardian of the above named minor to recover damages to person or property which may be incurred by said minor as a result of participation in the above stated activities.

Date: _____

Parent or Legal Guardian Signature

Parent or Legal Guardian Printed Name

Address: _____

ACCEPTED for the Secretary Volunteer

Fire Company this _____ day of _____, 20 ____.

Chief, Secretary Volunteer Fire Company, Inc.