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**Leonardtwn
Volunteer Fire Department Inc.
PO Box 50
Leonardtwn, MD 20650
301-475-8996**

ENGINE
TRUCK
SQUAD

Dear Applicant,

The Leonardtown Volunteer Fire Department greatly appreciates your interest in joining our organization. We are always looking for interested and dedicated people to serve and protect the citizens of Leonardtown and St. Mary's County. Please take the time to read this page and fill out the attached application.

The Leonardtown Volunteer Fire Department is an all-volunteer organization. We do not receive any kind of pay or stipend for our services. We do not provide ambulance service in our area. The Leonardtown Volunteer Rescue Squad handles that task. We do provide excellent training and the very best equipment. Your training and equipment is provided at no cost to you.

We require that you fill out all lines of the attached membership application and answer all questions truthfully. You will need three references with their phone numbers. You will need to fill out completely and sign the consent form attached for a background investigation. A copy of your driving record must also be submitted with your application. Attached is the form needed to obtain your record from the MVA. If in school, you must also submit a copy of your most recent report card or interim report. (You must maintain a C average, if you do not maintain a C average, you will not be allowed to participate in any fire department activities, except on Monday nights to maintain your membership.) After completion of the application, consent form and your MVA record; return it to the station to be tabled. No application will be presented to the department until all forms are completed. All applications are processed once a month during our monthly business meeting (second Monday of the month). During the time prior to that meeting, all applicants are encouraged to attend our regular drill nights (every Monday 7:00PM – 9:00PM) and assist at the station and training sessions.

Before approval is granted to ride the fire apparatus on calls you must successfully complete the indoctrinating course provided by the Leonardtown Volunteer Fire Department and any other training that the Chief deems necessary. All member firefighters, Active, Junior or Probationary shall attend and successfully complete the MFRI, "The Firefighter I" course within the first year of membership.

It is important to realize that this is a very stressful occupation and requires good physical and mental health. You must be willing to take a physical exam if required and remain free of all illegal substances at all times.

You may be exposed to situations where injury or death are possibilities.

Devotion to training also includes attending weekly drills and taking other training courses. Company drills are scheduled every Monday night from 7:00PM to 9:00PM. Attendance is tracked and is mandatory. If you cannot make a drill it is your responsibility to call to be excused. Part of your indoctrinating training will explain current policies and Standard Operating Guidelines.

Once again thank you for your interest in the Leonardtown Volunteer Fire Department, Inc.

THIS PAGE IS FOR YOU TO KEEP

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PLEASE PRINT ALL INFORMATION

Name: _____ Age: _____

Address: _____ Home Phone# _____

City: _____ State: _____ Zip Code _____ DOB: _____

SS#: _____ Height: _____ Weight: _____

Drivers License # _____ State: _____ Type: _____ Endorsement: _____

Any Physical / Medical / Mental Conditions: _____ If yes explain: _____

Any Injuries that could interfere with the performance as a Firefighter or Driver: _____
If yes explain: _____

Are you on any regular medications: _____ If yes explain: _____

Previous Firefighting Experience / Training: _____

Are you now or have you been a member of another Fire/Rescue Department? Yes No
If yes Name of Department: _____ St. Mary's County LOSAP ID# _____

Name and address of employer: _____
(If student, list school and grade assigned) _____ Phone: _____

Character References: (Not related and not a member of this department)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

In case of Emergency Notify:

Name: _____ Phone #: _____
Address: _____ City, _____ State: _____
Physician _____ Phone #: _____

Have you been ever convicted of a felony: _____ If yes explain: _____

"I hereby certify that the facts set forth in my application are true and complete. I understand that if accepted for membership, statements that are later found to be false on this application shall be considered sufficient cause for dismissal. I also understand that my application may be rejected based on reference recommendations, criminal record history or deception on my part on the application. I hereby authorize the Leonardtown Volunteer Fire Department, Inc. to make any investigation of my personal and/or criminal history contained on this application.

Applicants Signature: _____ Date: _____
Parent/Legal Guardian Signature _____ Date: _____

Required if applicant is under 18 years of age)

(08-11-08ggjr)

Applicant must fill out attached "Volunteer Employment Consent/Release Form"

Applicant must provide a copy of driving record.

These must be presented to a membership committee member. It will only be presented to the department if all forms are complete. Once all forms are completed it will be presented at the next Business Meeting.

Type of Application

____ Jr. Member ____ Probationary Active Member ____ Honorary Member ____ Associate Member

Date Application Tabled: _____ Date Probation Started: _____

Date Membership Approved: _____

Received signed "Volunteer Employment Consent/Release Form" _____

Received Copy of Driving Record: _____

Received Copy of Report Card: _____

References Contacted:

1. _____

2. _____

3. _____

Comments: _____

Member that contacted references:

_____ Date: _____



Request for Motor Vehicle Administration Records

Certified Record: \$12.00
Non-Certified Record: \$9.00

Please complete all requested information as applicable.

<p>Subject of Record:</p> <p><input type="checkbox"/> Vehicle record</p> <p>Tag No.: _____</p> <p>VIN: _____</p> <p>Yr./Make/Model: _____</p> <hr/> <p><input type="checkbox"/> Driver Record</p> <p>Name: _____</p> <p>DOB: _____</p> <p>LIC #: _____</p> <p>Address: _____</p>	<p>Type of Record:</p> <p><input type="checkbox"/> 3 year driving record</p> <p><input type="checkbox"/> *Complete driving record (all information in MVA data base).</p> <p><input type="checkbox"/> *PBJ driving record</p> <p><small>*Available to: individual of record or individual's attorney; police or judicial system; authorized representative of any federal, state or local government; or authorized employer of CDL drivers.</small></p> <p><input type="checkbox"/> Application for driver's record/identification card.</p> <p><input type="checkbox"/> Title record.</p> <p><input type="checkbox"/> Certified copy of Maryland title for export of vehicle.</p> <p><input type="checkbox"/> Registration record.</p> <p><input type="checkbox"/> Other: _____</p>
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<p>Please complete this section if record is to be mailed. Please print or type information.</p> <p>Full Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>	<p>Requestor Information:</p> <p>Name: _____</p> <p>LIC #: _____</p> <p>Address (Home): _____</p> <p>Telephone (Home): _____</p> <p>Address (Work): _____</p> <p>Telephone (Work): _____</p> <hr/> <p>Identification:</p> <p>Type of Identification Accepted: _____</p> <p>LIC #: _____</p> <p>Other Number: _____</p> <p>Verified By: _____</p>
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<p>Status:</p> <p><input type="checkbox"/> Attorney (Please sign "Attorney Certification" if requesting complete driving record of your client)</p> <p>"I certify that I am the attorney for the individual whose complete driving record or PBJ is being requested."</p> <p>Attorney's Signature: _____</p> <p><input type="checkbox"/> Employer: _____</p> <p>"I certify that I am an employer or potential employer of the individual for whom I am requesting/receiving a driving record, and that a valid commercial driver's license is required of the individual as a condition of employment."</p> <p>Employer's Signature: _____</p> <p>Printed Name: _____</p> <p>Purpose of Request: _____</p>	<p><input type="checkbox"/> Business Name: _____</p> <p><input type="checkbox"/> Law Enforcement/Government Agency</p> <p>Name: _____</p> <p><input type="checkbox"/> Insurance Company</p> <p>Name: _____</p> <p><input type="checkbox"/> Researcher: _____</p> <p><input type="checkbox"/> Own record: _____</p> <p><input type="checkbox"/> Other: Please specify: _____</p>
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My signature acknowledges, under penalty of criminal prosecution, that I will use information received from the Motor Vehicle Administration (MVA) solely for the purpose I describe on this application, and further agree that I will not release personal information obtained from MVA records except as permitted by §10-610, 10-616, and 10-626 of the State Government Article.

I understand and acknowledge that by requesting information from Motor Vehicle Administration Records I have read and agree to the terms of the MVA Privacy Protection Agreement on the reverse side of this form. I also acknowledge that I have read the Notice of Appeal Procedure also set forth on the reverse side.

Signature: _____ Printed name: _____

MVA Use Only: Certified Non-Certified Cash Check Credit Card Gratis

For more information, please call: 1-800-638-8347 (touch tone calls only), 1-800-950-1MVA (1682) (to speak with a customer service representative), From Out-of-State: 1-301-729-4550, TTY for the hearing impaired: 1-800-492-4575. Visit our website at: www.marylandmva.com

Part 1 - Office Copy Part 2 - Accounting Copy Part 3 - Customer Copy



Background Consent/Release Form

Organization _____

Applicant's Legal Name (printed)

Social Security Number _____ **Date of Birth** _____

Applicant's Address

City _____ **State** _____ **Zip** _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

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 the organization's guidelines.

Print Name:

_____ **Date:** _____

Signature:
