



Williamsport Volunteer Fire & Emergency Medical Services Inc.
2 Brandy Drive, Post Office Box 422
Williamsport, Maryland 21795
301-223-9500 Office
301-223-6122 Fax
www.williamsportfire.org

Dear Applicant,

Thank you for taking the first step in joining an exciting and rewarding team of Fire, Rescue and EMS Professionals. Attached is an Application for Membership to our organization.

The Williamsport Volunteer Fire Company was established in 1929 to provide a fire service to the Town of Williamsport and surrounding areas. The Williamsport Volunteer Ambulance Service was established in 1949. In 2007, both companies merged and the Williamsport Volunteer Fire and Emergency Medical Services, Inc. was formed. Over the past 70 plus years our organization has advanced to providing a full complement of emergency services to the Williamsport Community.

After completing your application, please include \$5.00 for the application fee and return to my mailbox located inside the day room of the Station. In a few short days, a representative from our Membership Committee will contact you to set up an interview with you. After completing the entrance interview the Membership Committee will make a recommendation to the general Membership during the monthly meeting held on the third Monday of the month. You will be notified via telephone and letter after the meeting of the Membership's recommendation. If you are between the ages of 16-18, please complete a Maryland Work Permit.

If you should have any questions relating to the Company or the application process, you may contact me, Chief William Ball or President Tim Ammons. Thank you once again for your interest in our organization and we look forward to working with you in the future.

Sincerely,

Ginger L. Noble
Secretary
Email: s2secretary@wvfems.org



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Date of Application: ___/___/___

Membership Classification (Check One):

- Junior Member (Ages 10-16) Administrative/Associate
 Cadet Member (Ages 16-18) Fundraising Committee/Auxillary
 Firefighter (Ages 18 or older) EMS (Ages 18 or older)

Please complete all pages of this application and legibly. Failure to provide all information requested may delay the application process.

PERSONAL INFORMATION

NAME: Last First Middle			DATE OF BIRTH	AGE
ADDRESS: Number & Street		CITY	STATE	ZIPCODE
HOME PHONE	WORK PHONE	CELL OR OTHER PHONE	E-MAIL ADDRESS	
EMPLOYER AND OCCUPATION			SUPERVISOR	
SOCIAL SECURITY NUMBER			HOW DID YOU HEAR ABOUT WILLIAMSPORT VOLUNTEER FIRE & EMS INC?	
EDUCATION High School Diploma? YES ___ NO ___		COLLEGE Degree? _____	SPECIAL SKILLS OR TRADES	
PERSON TO CONTACT IN CASE OF EMERGENCY		CONTACT'S RELATIONSHIP TO YOU	CONTACT'S PHONE NUMBER(S) 1. 2.	
CONTACT'S ADDRESS				

DRIVING RECORD

Check here if you do not hold a valid driver's license _____

DRIVER'S LICENSE NUJMBER	OTHER PERMITS YOU HOLD	CURRENT # OF POINTS (if any)
CLASS OF PERMIT	RESTRICTIONS	Has your permit ever been revoked? If yes, please explain.

Please provide a copy of your driver's license at the time of submission.

GENERAL INFORMATION

Have you ever been convicted of a crime? If yes, please explain.		YES	NO
Are you a Veteran/member of Reserves or National Guard?		YES	NO
Do you have any physical limitation, under a Doctor's care, or any other medications? If Yes, please Explain.		YES	NO
Have you ever been an applicant or member of the WVFEMS or <u>any</u> other fire or EMS department? If yes, please provide information below. Use an extra page, if necessary.		YES	NO
NAME OF DEPARTMENT	ADDRESS	CHIEF/PRESIDENT	DATES OF SERVICE

FIREFIGHTER/EMS TRAINING Please provide copy's of the training at time of application submission

ENTER BELOW ALL FIREFIGHTER, EMT, PARAMEDIC OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)				
Type of Certification	Date Received	Expiration Date	Jurisdiction in which received	Additional Remarks

PERSONAL REFERENCES

The WVFEMS Membership Committee Chairperson will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your Fire/EMS Service experience, character, etc. PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES.		
NAME	ADDRESS AND PHONE NUMBER	RELATIONSHIP TO APPLICANT

Please give a brief statement in your own handwriting explaining why you would like to become a member of this organization.

MEMBERSHIP AGREEMENT

I, _____ hereby agree to abide by the rules, regulations, standing operating procedures and the organization By-Laws as set forth by the Williamsport Volunteer Fire and Emergency Services Company, Inc.

Furthermore, I understand that I will follow the instructions and/or orders of any officers, and shall endeavor to do such at all times.

I also understand that materials, patches, badges, protective clothing, any identification of any kind shall not be worn after termination of membership with this Fire and Emergency Services Company. Also items deemed property of the Williamsport Volunteer Fire and Emergency Services Company, Inc., shall be returned to the CHIEF or PRESIDENT, or I may face prosecution.

I also agree and permit the Williamsport Volunteer Fire and Emergency Services Company, Inc., to make all necessary inquiries and investigations related to the validity of these statements which I have made on this application for membership.

I also agree and permit the Williamsport Volunteer Fire and Emergency Services Company, Inc., to conduct all necessary background and reference checks to assure the potential application is in good standing.

I shall at all times endeavor, as to the best of my ability, to serve, protect, and better the organization of the Williamsport Volunteer Fire and Emergency Services Company, Inc., of Williamsport, Maryland.

I also understand that any misrepresentation or omission of facts made on this application shall be considered as cause for dismissal or refusal into this Fire and Emergency Services Company.

Signature of Applicant: _____

Signature of Parent if Under 18 years of age: _____

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or presence of non-job related physical or mental handicap

For Internal Use Only

NAME OF COMMITTEE MEMBER	DATE CALLED	TIME CALLED	INTERVIEW DATE	DUES PAID? CHCK/CASH

APPLICATION ACCEPTED _____
DATE VOTED _____

APPLICATION DECLINED _____
DATE LETTER SENT TO APPLICANT _____

Washington County Volunteer Fire & Rescue Association
QUALIFICATION APPLICATION
POINTS SYSTEM



Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP CODE: _____

Home Phone No: _____ Cell Phone _____

Email: _____

Social Security No: _____ Date of Birth: _____

I hereby make application to participate in the Income Tax Subtraction Modification Program for the Maryland State Income Tax and the Washington County L.O.S.A.P program. I understand that I am responsible for submitting all creditable time, on the appropriate forms and comply with all point system, Tax Subtraction and L.O.S.A.P. procedures and regulations.

I hereby certify under the penalty of perjury that the information contained on this form is true and correct to the best of my knowledge.

(Any person who knowingly makes or causes any false statement or report to be made in any application or document required under law is subject to a fine of \$1000.00)

DATE

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY THE COMPANY LOSAP COORDINATOR

DATE ENTERED COMPANY: _____

SIGNATURE OF COMPANY LOSAP COORDINATOR

DATE