Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Volunteer Company

We are an equal opportunity volunteer company, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application.

Last name	First	MI	For Office use only Accepted/Rejected (Date)	Date of application
Street address			Hours per week Available	Social Security #
City	State	Zip Code	Home telephone	Work telephone
Email Address			Mobile Phone	
How were you referred to Woodlawn?	Date of Birth	City of Birth	Age / Sex	Marital Status

Have you been known by any other name? If yes, what name?	YES ☐ NO ☐	Have you ever been a member of this Company? If yes, when?	YES ☐ NO ☐
Are you a citizen of the United States?	YES ☐ NO ☐	If no, are you authorized to work in the U.S.?	YES ☐ NO ☐
Have you ever been convicted of a felony?	YES ☐ NO ☐	If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.	
Have you ever been arrested or currently awaiting trail?	YES ☐ NO ☐	If yes, explain:	

Special Skills

Firefighter	YES ☐ NO ☐	If yes, what level:		EMT	YES ☐ NO ☐	If yes, what level:	
Driver's License	YES ☐ NO ☐	If yes, what State?	Exp. Date	How many points	DL Number		
Has your license ever been suspended or Revoked?	YES ☐ NO ☐	If so Why?					

Employment Record

List present employer

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Position Held	Dates worked From	To	
Reason for leaving			

Fire Rescue History

Last or present fire company membership			Vehicles you have authoriation to drive
Street address		Phone number	Courses taken: (EMT, Firefighter, etc.)
City	State	ZIP code	
Captain's name		Phone number	
Position Held	Dates Served From	To	
Reason for leaving			Submit copies of certifications

Have you ever been turned down for membership, suspended, or expelled from ANY volunteer fire, rescue, or EMS Company. [ ] Yes [ ] No

IF YOU CHECKED ***YES***, PROVIDE A FULL DETAILED EXPLANATION ON THE CONTINUATION PAGES AT THE END OF THIS APPLICATION

Educational History

School name	Location (city, state)	Major course or subject	Dates attended From	To	Graduate? Yes	No	Degree
High school							
Technical/trade							
College (list all attended)							
Other education/training							

Criminal History

Have you even been (check all boxes that apply) by any police/law enforcement agency? [ ] yes [ ] No

[ ] Arrested [ ] Interviewed [ ] Interrogated [ ] Detained [ ] indicted
[ ] Convicted [ ] Received a Criminal Citation [ ] Received a Civil Citation

If any boxes checked please explain in full detain giving date, reason, agency, and disposition.

Criminal History Continued

Have you ever used and/or possessed ANY controlled dangerous substance (CDS) not prescribed by a physician?

[ ] Yes [ ] No If yes, please explain in full detail supplying reason, dates, location, method of use, etc.

Have you ever closely associated with or had an ongoing friendship/personal relationship with anyone you suspected or knew was selling controlled dangerous substances?

[ ] Yes [ ] No If yes, please explain in full detail

Have you been present when illegal drugs were used, sold, possessed, or delivered?

[ ] Yes [ ] No If yes please explain in detail supplying reason, dates, location, method of use, etc.

Have you ever been issued/ served with any of the following? [ ] Yes [ ] No
Check all that apply. If any boxes checked explain in full detail

[ ] Ex-Parte Order [ ] Bench Warrant [ ] District Court Criminal summons

Criminal History Continued

Have you ever been issued/ served with any of the following? [ ] Yes [ ] No
Check all that apply. If any boxes checked explain in full detail
[ ] Ex-Parte Order [ ] Bench Warrant [ ] District Court Criminal summons

Have you committed a crime for which you were not caught or arrested (which is not listed elsewhere in the application)? [ ] Yes [ ] No if yes, explain in full detail

Are you currently:

1. Charged with an offense by any law enforcement authority? [ ] Yes [ ] No
2. On bail or out on personal recognizance or any other conditional release. [ ] Yes [ ] No
3. On probation of any type? [ ] Yes [ ] No

If yes to any, please explain in full detail

Place a check beside any listed offense in which you were charged, convicted, or if you took part in any way even though the crime may have gone ***UNDECTECTED***.
(Whether or not you were arrested or detained)

[ ] Alcohol Violation
[ ] Arson
[ ] Auto Theft
[ ] Bigamy
[ ] Burglary/Housebreaking
[ ] Child Abuse/Molestation
[ ] Computer Related Crimes
[ ] Concealed Weapons
[ ] Domestic Violence/Abuse
[ ] Drugs (Use)
[ ] Drug (Possession
[ ] Drug (Sale)
[ ] Embezzlement
[ ] Extortion
[ ] False Alarms
[ ] Forgery
[ ] Fraud
[ ] Gambling/Betting
[ ] Impersonating a Police Officer
[ ] Perjury
[ ] Prescription – ILLEGAL USE
[ ] Prostitution/Solicitation
[ ] Robbery
[ ] Sex Assault/Rape
[ ] Thefts/Larceny
[ ] Unauthorized use of vehicle
[ ] Vandalism

IF YOU CHECKED ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL ON THE CONTINUATION PAGES AT THE END. INCLUDE DATES AND DISPOSITION IF ANY.

Drug Usage

Have you ever experimented with or used any of the following or any other drug:

SUBTANCE	YES	NO	# OF TIMES	DATE LATE USE
Marijuana/ Hashish				
Pcp/Phencyclidine				
Cocaine/Crack				
Opium Derivative, Heroin, Morphine, Codeine, Etc				
Amphetamines/Speed				
Barbiturates/Reds				
Inhalants(glue, Solvents, Aerosols)				
Anabolic Steroids				
Hallucinogenic (LSD,ETC.)				
Quaaludes/Valium				
Cannabis/cannabinoids				
Metabolite				
Benzodiazepines				
Other				

Are there any other illegal drugs, not specifically listed above, that you have experimented?
[ ] Yes [ ] No If yes explain in full detail

IF YOU CHECKED ***YES*** TO ANY OF THE ABOVE, PROVIDE A FULL DETAILED EXPLANATION ON THE CONTINUATION PAGES AT THE END.

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Military Record

Branch of service From To

Present military affiliation:

None Reserve (active) Reserve (inactive)

Kinds of training and duty while in service

Professional/Work/Volunteer References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no.	Occupation

May we contact your present employer/volunteer company? YES ☐ NO ☐ If No, explain:

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Woodlawn Volunteer Fire Company that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified Woodlawn Volunteer Fire Company. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Woodlawn Volunteer Fire Company or my termination as a volunteer.

I also understand that during my probationary year, I will participate in company functions and make every effort to complete the following training courses; NFPA-Firefighter I and/or Emergency Medical Technician - Basic (EMT-B). I also understand that the Emergency Fire and Medical services is physically challenging and my membership is also contingent upon successful completion of a physical examination and that my moral character will be determined by a comprehensive background investigation.

_____ _____

Date Signature

Applicants under the age of eighteen (18) must have the consent of their parents or legal guardian.

Parental Consent & Release for Minor Volunteers

In order to volunteer with the Woodlawn Volunteer Fire Company, Inc., minors are required to obtain parental consent:

As the [ ] parent [ ] legal guardian (check one) of _____ ("My child"), I hereby authorize my child to volunteer with the Woodlawn Volunteer Fire Company. I understand that my child is being allowed to provide volunteer services with the Woodlawn Volunteer Fire Company, Inc. at my request. I recognize that in volunteering with any emergency services company while answering calls and performing tasks, there exists a risk including, but not limited to physical injury, emotional stress, or in some cases, death. In consideration of the permission granted to my child by Woodlawn Volunteer Fire Company, to participate in this volunteer work, I HEREBY ASSUME ALL RESPONSIBILTY AND RISK OF INJURY THAT MIGHT OCCUR TO MY CHILD OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND WOODLAWN VOLUNTEER FIRE CONPMANY, INC., IT'S OFFICERS, AGENTS, AND EMPLOYEES FROM ANY CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY MY CHILD IN CONNECTION WITH MY CHILD'S VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF WOODLAWN VOLUNTEER FIRE CONPMANY, INC.

FUTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO IDEMNIFY, HOLD HARMLESS, AND DEFEND WOODLAWN VOLUNTEER FIRE CONPMANY, INC., ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY CHILD'S PERFORMING VOLUNTEER SERVICES.

I, _____, applicant's _____, give
Relationship

my consent for the above applicant to participate in the activities of the Woodlawn

Volunteer Fire Company, Inc.

_____ _____

Date Signature

AFFIDAVIT

Before me, the subscriber, a Notary Public in and for the State of Maryland, County/City of _____ did appear _____ who made oath in due form of law as follows:

That I do solemnly declare and affirm under the penalties of perjury that the above statements and facts set forth are true and correct to the best of my knowledge, information and belief

_____

_____

_____

Subscribe and sworn to before me this _____ day of _____, 20___

_____
Notary Public

My commission expires: _____

Continuation Page

Applicant Name: _____ ***Page ___ of ____***

