Woodlawn Volunteer Fire Company, Inc.

2033 Woodlawn Drive

Woodlawn, Maryland 21207-6065

MEMBER OF
BALTIMORE COUNTY
VOL. FIREMEN'S ASSOCIATION

INCORPORATED
MAY 17, 1945

MEMBER OF
MARYLAND STATE
FIREMEN'S ASSOCIATION

Dear Applicant,

We are pleased you have chosen to apply for membership in the Woodlawn Volunteer Fire Company. This company and it's members are responsible for the protection of life and property for Woodlawn and the surrounding communities. The Baltimore County Fire Department consists of both volunteer and paid companies, working together as one. Both of these groups are considered professional members of the Fire Department. Although we are a volunteer station we are still professionals and thus we look for the people with a dedication, a desire and willingness to develop one's skills continually with both formal and informal training. Hopefully with all these things in mind you will find yourself committed to the idea of helping those in need of assistance. In order to become a vital part of the company, you will need to follow a few steps outlined below.

The application process consists of completing an application, a personal interview with the Investigation Committee, a background check, and a physical examination. If you have prior military experience a copy of your discharge summary (Form DD 214N) is required.

Once you complete the application, an interview will be set up with the Investigation Committee in order to process your application. Each application requires $85 fee which are non-refundable and are due once a completed application is returned. The background investigation form must be completed and signed. The physical examination form must be completed and approved by your physician before any action is taken on your membership. After you have submitted a complete application any questions you may have can be answered at that time.

We will then submit your application at the next company meeting held on the first and third Tuesday of the month at 2000hrs (8pm). This is the first of two meeting in which your application is presented to the company.

The Investigation Committee will now start its work and checking your background. Once you have passed this process favorably you will be notified to attend a company meeting for your final vote.

If you have not completed and application 60 days after receipt your file is purged.

Membership dues are $12 per year or $1 per month prorated (due upon joining.) Any past member reapplying must pay all back dues and current dues before second reading.

When your application is presented to the Company for the second reading you must be present. If you are not present, the vote will be postponed until the next meeting. A simple majority vote is required to become a probationary member. If you are not able to attend, notify the committee to hold your application.

In conclusion, we appreciate your interest and look forward to seeing you. I you have any further questions, please feel free to contact your representative on the committee
Sincerely,

Investigation Committee

Woodlawn Volunteer Fire Company, Inc.

2033 Woodlawn Drive
Woodlawn, Maryland 21207-6065

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The steps below explain the application process in detail. This form can be used as a checklist as you complete it. Please read this form carefully **first** and then direct any questions to the committee member who gave it to you.

_____ **1. Short form**--Prospective members should have already completed this preliminary interest form. The Investigating Committee will call prospective members within one week of receiving this form to schedule an interview.

_____ **2. Interview**--Meet with member(s) of Investigating Committee to receive an application packet. This is a very informal meeting to allow the committee member(s) to get to know you and to answer any general questions.

_____ **3. 1st Reading**--The Investigating Committee will first present you to the company and tell them that you are seeking membership. You need not be present for this. All readings take place at company meetings (held 1st and 3rd Tuesday every month at 8pm). The committee member(s) will inform you when this will take place.

_____ **4. Application form**--included in this packet. This form must be completed and **signed**. The application form must also be **notarized**.

_____ **5. Health Questionnaire**--included in this packet. This form includes questions concerning your medical history to be completed by your physician. It is necessary to schedule your own physical exam with your physician.

_____ **6. Background check form**--included in this packet. This service is provided by Background America, Inc. It allows us to investigate the personal and criminal records of all prospective members. There is a $20 nonrefundable fee for this service (payable to Woodlawn Volunteer Fire Company). If finger printing is required, the Investigating Committee will advise you of the additional nonrefundable fee that is required.

_____ **7. Certifications/Classes**--for those prospective members who already hold certifications, it is necessary to bring them with you to the interview. The originals will be copied for your file along with a photo ID (driver's license). For those who have received training through the Maryland Fire and Rescue Institute, it is necessary to complete a transcript release. (Please ask for one!!) **For those with prior military experience:** It is necessary to bring a copy of your discharge summary (Form DD 214N).

_____ **8. Application Submission**--All of the following materials must be submitted with your application:

- ☐ application form **notarized**
- ☐ background check form (**signed**)
- ☐ certifications (if applicable)
- ☐ discharge summary (if applicable)
- ☐ Health questionnaire completed by physician
- ☐ $85 non-refundable fee
- ☐ photo ID (driver's license)
- ☐ transcript release(if applicable)

Although it is preferred that the application be submitted as soon as possible, prospective members will have up to 60 days from the interview to complete the application packet. Incomplete files will be discarded after 60 days of inactivity.

_____ **9. 2nd Reading**--This is the second time that you are presented to the company.
It is necessary to bring membership dues with you. These are $12/year and are prorated for new members. Past members reapplying for membership must pay all back dues as well as their current dues.

You must be present for your 2nd reading. You will be introduced and perhaps asked a few questions. Then, the membership will vote. A majority vote of at least fifty-one percent is required to accept you as a probationary member. Failure to attend your 2nd reading could result in an unfavorable vote by the membership due to your lack of interest. If you are unable to attend your 2nd reading due to illness or work, prior notification will allow the Investigating Committee to postpone the reading until the next company meeting.

Please feel free to call the Investigating Committee at any time during this application process with any questions or concerns at 443.297.9832 (WVFC). We appreciate your interest and look forward to working with you!

Respectfully,

The Investigating Committee

_____

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 ____***



Woodlawn Volunteer Fire Company, Inc.
Health Questionnaire

Patient Name:	Date of Physical:

Physician's Name	
Physician's Address	
Physician's Telephone Number	

Personal Profile:

Date of Birth	
Place of Birth	
Military History	☐ Yes ☐ No
Present Occupation	
Other Jobs you have held	
Highest Grade level completed	
Do you have any particular health concerns?	

Emergency Contact information

Name:	
Relationship:	
Home Phone number	
Work Phone number	

FUNCTIONAL MEDICAL HISTORY
Please answer truthfully and completely. The information you provide is confidential.

FAMILTY HISTORY

Has anyone in your family ever had:	Response	Who in your family?
Tuberculosis	☐ Yes ☐ No	_____
Heart Disease/Sudden death before age 50?	☐ Yes ☐ No	_____
Asthma	☐ Yes ☐ No	_____
Diabetes	☐ Yes ☐ No	_____

Serious Illness and/or Causes of Death

Relationship	D.O.B	Age of Death	Cause of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR PERSONAL HEALTH

How many times have you been admitted to the hospital? _____

List hospitalizations, starting with the most recent

Year	Reason	Hospital Name and Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had or do you have:

Concussions/Head injuries?	☐ Yes	☐ No
Loss of consciousness?	☐ Yes	☐ No
Date of most recent: _____		
Total # in past year: _____		
Contact lenses/glasses?	☐ Yes	☐ No
Wear during sports participation?	☐ Yes	☐ No
Burner/Stinger or any numbness? in the body?	☐ Yes	☐ No
Injury to neck?	☐ Yes	☐ No
Injury to shoulder(s)?	☐ Yes	☐ No
Injury to elbow(s)?	☐ Yes	☐ No
Injury to wrist/hand(s)?	☐ Yes	☐ No
Injury to back/spine?	☐ Yes	☐ No
Injury to chest/ribs?	☐ Yes	☐ No
Injury to hip/pelvis?	☐ Yes	☐ No
Injury to knee?	☐ Yes	☐ No
Injury to ankle/foot?	☐ Yes	☐ No
Stress fractures or fractures	☐ Yes	☐ No
Injury to eyes, ears, nose?	☐ Yes	☐ No
Became ill from exercising	☐ Yes	☐ No
Significant weight loss/gain?	☐ Yes	☐ No
Wear any protective equipment (knee braces, ankle braces, etc.)?	☐ Yes	☐ No
Take any Medications?	☐ Yes	☐ No
List medications: _____		
High Blood Pressure?	☐ Yes	☐ No
Any unhealed Injuries?	☐ Yes	☐ No
What is the injury? _____		
When did it occur? _____		
Have you ever been refused insurance or employment because of your health	☐ Yes	☐ No
Have you ever received disability payments	☐ Yes	☐ No

Females:

Irregular or loss of Menstruation?	☐ Yes	☐ No

Have you ever had or do you have:

Epilepsy or seizures?	☐ Yes	☐ No
Hepatitis/Jaundice/Liver Problem	☐ Yes	☐ No
Mononucleosis (Mono)?	☐ Yes	☐ No
Pneumonia?	☐ Yes	☐ No
Diagnosed with Heart condition?	☐ Yes	☐ No
Allergies (Bee stings, Medication, Food, etc)?	☐ Yes	☐ No
Bleeding?	☐ Yes	☐ No
Anemia?	☐ Yes	☐ No
Asthma?	☐ Yes	☐ No
Arthritis/Rheumatism/Grout	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No
Hernia(s)?	☐ Yes	☐ No
Diabetes?	☐ Yes	☐ No
Insulin dependent?	☐ Yes	☐ No
Hypoglycemia?	☐ Yes	☐ No
Shortness of breath?	☐ Yes	☐ No
Frequent Headaches?	☐ Yes	☐ No
Incidents of Dizziness?	☐ Yes	☐ No
Loss of paired body organ?	☐ Yes	☐ No
Thyroid Disease	☐ Yes	☐ No
Rhematic Fever	☐ Yes	☐ No
Stroke or Paralysis	☐ Yes	☐ No
Phlebitis/Varicose Veins	☐ Yes	☐ No
Emphysema	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No
Pneumonia	☐ Yes	☐ No
Gallbladder trouble or Gallstones	☐ Yes	☐ No
Stomach trouble/Ulcers	☐ Yes	☐ No
Bowel Disorder/Colitis	☐ Yes	☐ No
Hemorrhoids	☐ Yes	☐ No
Cancer/Tumors	☐ Yes	☐ No
Kidney or Bladder trouble	☐ Yes	☐ No
Nervous/Emotional problems	☐ Yes	☐ No
Blood transfusion	☐ Yes	☐ No

Review of Systems

Have you *recently* had:

Unexpected weight change of more than 10 lbs. In the past year?	☐ Yes ☐ No
Any serious problems with eyes, ears or nose?	☐ Yes ☐ No
Any persistent swollen glands or unusual lumps?	☐ Yes ☐ No
Any breast lumps or discharge?	☐ Yes ☐ No
Your heart frequently racing or skipping beats?	☐ Yes ☐ No
Pain or tightness in your chest with exertion?	☐ Yes ☐ No
Frequent swelling of ankles or legs?	☐ Yes ☐ No
Unusual or severe shortness of breath?	☐ Yes ☐ No
Any unusual skin problems or persistent sores?	☐ Yes ☐ No
Any redness, severe pain or swelling in your joints?	☐ Yes ☐ No
Frequent or severe back pain?	☐ Yes ☐ No
Frequent coughing or wheezing?	☐ Yes ☐ No
Any serious difficulty swallowing?	☐ Yes ☐ No
Frequent or severe stomach or abdominal pains?	☐ Yes ☐ No
Frequent nausea or vomiting?	☐ Yes ☐ No
Frequent or severe constipation or diarrhea?	☐ Yes ☐ No
Blood or mucus in a bowel movement?	☐ Yes ☐ No
A bowel movement that looked black tar?	☐ Yes ☐ No
Any pain or burning with urination?	☐ Yes ☐ No
Unusual frequency or amount of urination?	☐ Yes ☐ No
Loss of control of your urine?	☐ Yes ☐ No
Unusually frequent or severe headaches ?	☐ Yes ☐ No
Serious sexual difficulties?	☐ Yes ☐ No
Serious stress or depression from problems at home or work?	☐ Yes ☐ No

How many cigarettes do you smoke each day? # _____ Pipes? _____ Cigars? _____

Did you ever smoke more than you do now? ☐ Yes ☐ No

How much liquor do you drink each day? # _____ Beer? _____ Wine? _____

Did you ever drink more than you do now? ☐ Yes ☐ No

Have you ever used narcotics or other addictive drugs? ☐ Yes ☐ No

Do you exercise? ☐ Yes ☐ No If so, How often? _____

Have you ever been regularly exposed to any chemical, toxin, poisons, fumes, smoke or radioactive materials at home or work? ☐ Yes ☐ No

List all drugs or medications that you use regularly (include birth control pills and non-prescription items – laxatives, pain pills, cold tablets, etc.)

_____

_____

_____

_____

Please list any additional problems or special concerns about your health which you would like to discuss with your doctor.

_____

_____

_____

_____

VITAL SIGNS:

Height	**Pulse**
Weight	**Blood Pressure**

Circle if abnormal; Check if normal; underline if not done. Describe all abnormal and/or additional findings

GENERAL APPEARANCE
Comments:

SKIN
Comments:

LYMPATIC
Comments:

HEAD
Comments:

EYES
Comments:

FUNDI
Comments:

THROAT
Comments:

NECK
Comments:

BREASTS/BSE
Comments:

SPINE
Comments:

CHEST/LUNGS
Comments:

HEART
Comments:

ABDOMEN
Comments:

EXTREMITIES
Comments:

NEUROLOGIC
Comments:

GENITALIA
Comments:

P.V.S.
Comments:

RECTAL/OCCULT BLOOD
Comments:

ASSESSMENT:

PHYSICIAN'S SIGNATURE _____ **DATE** _____

STATEMENT OF CONFIDENTIALITY AND AUTHORIZATION TO RELEASE

A complete history and medical record is maintained on each employee/volunteer of the Woodlawn Volunteer Fire Company, Inc. According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all medical information is kept confidential and access is restricted to personnel that are responsible for your health care in relation to performance of your duties. Information, other than general injury information and participation status to Officers, will not be released without a written authorization of release. The authorization to release form must be signed by the member/employee, indicating what specific information is to be released, and who is to receive the information.

MEDICAL CLEARANCE

Pre Participation Medical Clearance: All employees/members must be medically cleared prior to the employment/membership with Woodlawn Volunteer Fire Company, Inc. This process includes completing required forms consisting of a Physical examination from your Medical Provider. A note of medical clearance is required from a Physician for Injuries and/or illnesses that were sustained since the last time you were medically cleared.

Applicant Signature: _____ Date: _____

Printed Name: _____

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE CONSUMER REPORT

I, the undersigned, do hereby authorize Woodlawn Volunteer Fire Company, Inc., by and through its independent contractor, Kroll Background America, Inc., to procure an investigative report on me that includes social security verification and criminal history records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to Kroll Background America, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. Section 1681 et. seq.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to Woodlawn Volunteer Fire Company, Inc., by and through Kroll Background America, including but not limited to, any and all courts, public agencies, and law enforcement agencies regardless of whether such person, business entity or governmental agency complied information itself or received it from other agencies.

I hereby release Woodlawn Volunteer Fire Company, Inc., by and through Kroll Background America and any and all persons, business entities and governments agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my association with Woodlawn Volunteer Fire Company, Inc.

PLEASE PRINT CLEARLY AND COMPLETE ALL REQUIRED INFORMATION

_____ _____ _____
FULL FIRST NAME FULL MIDDLE NAME FULL LAST NAME

_____ _____ _____-_____-_____
OTHER NAMES / DATES DRIVERS LICENSE # STATE SOCIAL SECURITY #

_____--_____--_19_____ (_____)_____--_____ (_____)_____--_____
DATE OF BIRTH (MM-DD-YY) DAYTIME TELEPHONE NIGHT-TIME TELEPHONE

_____ _____ _____ _____
CURRENT STREET ADDRESS CITY STATE ZIP

LIST ALL PREVIOUS ADDRESSES (County & State) FROM AGE 18 TO PRESENT

1. _____ _____ _____ 2. _____ _____ _____
COUNTY STATE DATES COUNTY STATE DATES

3. _____ _____ _____ 4. _____ _____ _____
COUNTY STATE DATES COUNTY STATE DATES

Have you ever been convicted of a crime or convicted in a military court martial? ☐ YES ☐ NO

Are you currently under any investigation or have a pending charge? ☐ YES ☐ NO

I certify that the information contained on this Authorization/Release form is true and correct, and acknowledge that I may be precluded from employment due to false, omitted or fraudulent information. Further, my application or employment will be terminated based on any false, omitted or fraudulent information.

_____ _____
Applicants Signature DATE

THE BALTIMORE COUNTY VOLUNTEER FIREMEN'S ASSOCIATION

MEMBERSHIP DATA REPORT

☐ NEW MEMBER ☐ UPDATE OF CURRENT MEMBER

STATION 330	WOODLAWN VOLUNTEER FIRE COMPANY	LOSAP NUMBER V331

LAST NAME	FIRST NAME	MIDDLE INITIAL

BIRTH DATE	DATE OF ENTRY	SOCIAL SECURITY NUMBER

STREET	APARTMENT

CITY	STATE	ZIP CODE

HOME PHONE NUMBER
WORK PHONE NUMBER
CELL PHONE NUMBER
E-MAIL ADDRESS
DRIVERS LICENSE #
DRIVERS LICENSE CLASS & STATE

EMS & FIRE CERTIFICATIONS	
1	7
2	8
3	9
4	10
5	11
6	12

Maryland Fire and Rescue Institute

University of Maryland
College Park, MD 20742

Phone 301-226-9960
FAX 301-314-1497

Transcript Request

I, the undersigned, in compliance with the federal ***Family Educational Rights and Privacy Act (FERPA)*** authorize and give my permission to the Maryland Fire and Rescue Institute of the University of Maryland to release a transcript of my training.

(*Please Print*)
Name _____
Last *First* *Middle*

Social Security Number _____ - _____ - _____

Address _____
Street

_____ _____ _____
City *State* *Zip*

Phone Number (*full 10 digit*) _____

Signature _____

If you are authorizing the release of this transcript to someone other than yourself, you must provide the following information.

Person _____

Organization _____

Address _____

_____

Note: Transcript request must be submitted in writing. Request may be mailed or faxed to MFRI. However, a completed transcript may never be faxed. It will be mailed to requestor.

The Baltimore County Volunteer Firemen's Association **BENEFICIARY FORM**

Complete this block each time this card is used. Please PRINT LEGIBLY
Insured's Name
Insured's Address
Name of Policy Holder

BENEFICIARY DESIGNATION

Complete and sign this block if you wish to name or change your beneficiary
O hereby designate the following beneficiary with respect to indemnif

BALTIMORE COUNTY, MARYLAND

FIRST NAME	MIDDLE INITIAL	LAST NAME

MEMBER'S I.D. NUMBER	MEMBER'S VOLUNTEER STATION NUMBER
	330

NAME OF MEMBER'S VOLUNTEER COMPANY

Woodlawn Volunteer Fire Company

Woodlawn Volunteer Fire Company, Inc.
Contract for Probationary Members

THIS AGREEMENT is made by and between the WOODLAWN VOLUNTEER FIRE COMPANY, INC.(hereinafter "WVFC") and _____ (hereinafter the "Probationary Member").

I, the probationary Member, agree to follow and completed during my probationary year, my first year of membership.

1. Contact my company assigned mentor bi-weekly who will act in capacity of a "buddy" for the first year.
2. Volunteer with the company at least eight (8) hours a week duty time (day or night) in addition to any class time.
3. Be a member of the Woodlawn Volunteer Fire Company member only and no other Baltimore County Volunteer Fire Company. Dual membership is only allowed if the other company has a type of equipment or service that WVFC does not offer. Dual memberships must be approved by the Board of Directors.
4. My activities will be reviewed at six months and again at one year of membership. I understand that during either review, my probationary membership may be revoked.
5. Within the first six (6) months of membership, I must sign for Hazardous Materials course and Blood Bourne pathogens. You must have HazMat, BBP, CPR, and a Pat Tag to ride the equipment. NO EXCEPTIONS!
6. I will follow the chain of command.
7. I am expected to participate in at least three fundraising activities during my first six months of membership.
8. I am expected to become familiar with the Captain's rules, Constitution, and By-Laws of Woodlawn Volunteer Fire Company.
9. I understand that I may sleep overnight at the fire station provided that bunkroom rules are followed. I may also use the lockers/drawers in the bunkroom provided that station rules are followed.
10. I am expected to become an EMT-B and/or a Firefighter.
11. I am expected to participate in at least three company training drills during my first six months of membership.
12. I am expected to attend company meetings held on the first and third Tuesday of every month unless I submit a letter to the company stating why I am unable to attend.
13. I am expected to serve on two committees (fundraising and one other) in an area of need. I will choose these committees with the direction of the Vice President during my 1st six months of membership.
14. Regular company dues are $12/year and payable by the 2nd company meeting in March. I understand that if I do not pay before the deadline, my probationary membership will be revoked. I would be eligible to reapply after six months. Dues are pro-rated for new members.
15. I understand that advanced courses are only offered to people who participate in station activities.
16. I understand that I need to discuss my goals within the fire and/or EMS system with an officer in order to progress.

Binding Effect. This Agreement shall be binding upon the Parties

Probationary Member:

Signed By: _____ Date: _____

Printed Name: _____

Investigating Commitee:

Signed By:_____ Date:_____
Investigating

Woodlawn Volunteer Fire Company, Inc.

2033 Woodlawn Drive
Woodlawn, Maryland 21207-6065
410.265.8666

Applicant's Name		
Application Issued by:		
Application Received by:		
Interviewed by:		Date:
References checked by:		Date:

Please update website	Date Issued	Date Returned
Application		
Background Form (to Kroll)		
SCBA Medical Form		

Item		Date	
Short Form Received			
Application/Introduction Meeting Scheduled			
Applicant's Photo Taken			
Copy of Drivers License			
Copy of Certifications			
Application Fee Paid			
Authorized by:	1st Reading		Applicant Notified:
Authorized by:	2nd Reading		Dues Paid: (date/amount)
LOSAP Form Rec'd by:	Vote Results	_____ Yes _____No ____Blank	
	6 Month Review	Favorable _____ Unfavorable_____	
	1 Year Vote	_____ Yes _____No _____ Blank	
Comments:			

Rev. 1.1 4/2006