

Lisbon Volunteer Fire Company
1330 Woodbine Rd
Lisbon, MD 21765
410-489-4646 / 410-313-5404

PLEASE PRINT ALL INFORMATION

Date of Submission: _____

Name: _____
Last, First, Middle

Social Security Number: _____

Address: _____
City/State: _____ Zip: _____
Home Phone: _____
E-Mail: _____
Cell Phone: _____
Work Phone: _____

Residence for the past five years:
Address: _____
City/State: _____ Zip: _____
Resided with: _____

Date of Birth: _____ M F
Age: _____ Marital Status: _____
Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Are you a citizen of the United States?: _____

Occupation: _____
Exact Duties: _____

Name of Employer: _____
Address of Employer: _____

Have you ever served in the armed forces?: _____
If YES, which branch?: _____

Type of Discharge, please circle one:
 Administrative Honorable
 Medical General
 Bad Conduct Dishonorable

Do you have a history of the following:

Respiratory Distress: Yes No

Epilepsy or Seizures: Yes No

Heart Disease: Yes No

Asthma: Yes No

Previous History of any medical problem that will impair your service in this department:

Yes No

Have you ever been convicted (Felony or Misdemeanor) of any violation of the law, excluding minor traffic violations? Yes No . If Yes, please describe below, stating the date, court, and disposition of the case, and include any cases in which you were given probation before judgment (or a similar finding in a state other than Maryland) (Conviction of a crime is not cause for an automatic barring to membership. Each case is considered on its own merit. Persons with record(s) of arrest and convictions may hold membership within this department.)

Driver's License Number: _____

State of Issue: _____

Class: _____ Year of Issue: _____

Has any other license been issued to you in any other states or district?

Yes No

If Yes: _____

State, License #, Class

Have you ever been a member of this or any other fire department?

Yes No

Name of Department: _____

(If Yes, you must submit a letter of recommendation from the chief officer of that department.)

Are you planning on maintaining dual membership?

Yes No

If Yes, you must pick a "home station" if both stations are in the same county: _____

Have you ever had any previous firefighting or emergency medical training?

Yes No

If Yes, please explain: _____

Have you ever been rejected, suspended, or expelled from this or any fire department or rescue group?

Yes No

If Yes, please explain: _____

Why would you like to be a member of the Lisbon Volunteer Fire Company?:

I, the undersigned, make application to become an active or sustaining member of the Lisbon Volunteer Fire Company, Inc.

I do promise to abide by all laws and rules relating with the Lisbon Volunteer Fire Company, Inc.

I, the undersigned, will be required to appear before the membership committee for an initial interview.

I, the undersigned, understand that should my application for membership be accepted by the members of the LVFC, I shall be on a 365 day probation period.

I, the undersigned, understand that any knowingly false statement to any of the foregoing herein will result in the rejection of the application for membership. If falsity of any statement is not discovered until after membership is accepted, this may result in termination of membership.

Signature of Applicant

Obtain Names and Phone Numbers of two references, one of which may be a member of this department.

Signature of Parent or Guardian if
Applicant is under age 18.

Citizenship of our applicants. THIS INFORMATION WILL NOT BE USED IN MAKING A DECISION ON MEMBERSHIP. This sheet will be removed from the application and kept in a separate file.

NAME (As it appears on Social Security Card):

Social Security No. (Last 4 digits only): _____

Gender: Male Female

Date of Birth: _____

Ethnic Background

Ethnic Group:

1-Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including: for example: Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

2-American Indian or Alaskan Native A person having origins in any of the original peoples of the North or South America (Including Central America) and who maintains tribal affiliation or community attachment.

3-Black or African-American A person having origins in any of the black racial groups of Africa or the Caribbean.

4-Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture of origin, regardless of race.

5-Native Hawaiian or Other Pacific Islander A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

6-White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Citizenship

C-U.S. Citizen

R-Resident Foreign National An alien who has been admitted for permanent residence. (Must have Alien Registration Card, Form I-551)

N-Non-Resident Foreign National An alien admitted temporarily for specific purposes and periods of time.

**Howard County Volunteer Fire Department
Personnel Data**

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City and State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Height: _____ Weight: _____

Driver's License Number: _____ Class: _____

Expiration Date: _____ State of Issue: _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____

City and State: _____ Zip Code: _____

Telephone Number: _____

List of education related to Firefighting / EMS courses and dates including location and attach any certifications of completion.

<u>Course</u>	<u>Date</u>	<u>Location</u>	<u>College Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Information

Each member is asked to update their emergency contact information. Please fill out the information below and return this form to the LOSAP Coordinator, to be placed in your personnel file.

Name: _____
Last, First, Middle

Address: _____
Street Address

City, State, Zip Code

Phone: _____

In the event of an emergency please notify:

1st
Name: _____

Phone Numbers: _____

2nd
Name: _____

Phone Numbers: _____

Member Signature

Date

Do Not Write Past This Line
For Committee Only

Date received by department: _____

Date received by Membership Committee: _____

Date of Membership Committee Interview: _____

Approved

Disapproved

Date of General Membership Meeting: _____

Vote for membership:

Accepted

Declined