



Dunkirk VFD, Inc.
3170 West Ward Road, Dunkirk, MD 20754
301-855-8895 | www.dunkirk5.com
membership@dunkirk5.com

Membership Application

Please print in ink or type. All information submitted is subject to verification. A false statement may result in disqualification for membership either now or at a later date.

Once your application is turned in, it will be reviewed and you will be contacted by the Membership Committee.

Type of Application: _____ NEW _____ REINSTATE _____ TRANSFER _____ OTHER

Type of Membership: _____ REGULAR (18+) _____ JUNIOR (16-18) _____ ASSOCIATE

_____ AUXILIARY _____ OTHER: _____

Today's Date: _____

Applicant Information

Full Name: _____
Last First Middle Suffix

Physical Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____
(if different) *Mailing Address Apartment/Unit #*

City State ZIP Code

Cell: _____ Email: _____

Home: _____ Work: _____

Date of Birth: _____ Your age today: _____

Social Security No.: _____

Emergency Contact Information

Name: _____ Relationship: _____

Cell: _____ Work: _____

Home: _____ Email: _____

Objective

Briefly tell us why you want to join DVFD, Inc.: (use back if more space is needed)

Fire-Rescue-EMS History

Have you ever applied to or volunteered for Dunkirk VFD, Inc.? YES NO
 If yes, when?

Are you a member of another Fire Department or Rescue Squad in Calvert County, MD? YES NO
 If YES, complete below:

Department: _____ Dates: _____

Contact Name: _____ Rank: _____

Email: _____ Phone: _____

Have you ever been a member of another Fire Department or Rescue Squad outside of Calvert County, MD (paid or volunteer)? YES NO
 If YES, complete below:

Department: _____ Dates: _____

Contact Name: _____ Rank: _____

Email: _____ Phone: _____

Department: _____ Dates: _____

Contact Name: _____ Rank: _____

Email: _____ Phone: _____

Department: _____ Dates: _____

Contact Name: _____ Rank: _____

Email: _____ Phone: _____

Has your employment or voluntary service in any Fire Department or Rescue Squad been terminated for any reason other than retirement or VOLUNTARY resignation? YES NO
 If yes, explain:

Driving License

Do you possess a valid driving license? YES NO
 License Number? _____ Class: _____

Have you ever been convicted or posted collateral/bail for any traffic violation? YES NO
 If yes, list all such offenses with date, place and action taken:

Criminal History

Have you ever been convicted of a misdemeanor or been under charge for one? YES NO
 If yes, charge, date, location, and disposition:

Have you ever been convicted of a felony or been under charge for one? YES NO
 If yes, charge, date, location, and disposition:

Note: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and date it occurred is important. Please provide all the facts so that a decision can be made.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Fire-Rescue-EMS Training & Coursework Completed

Please attach copies of any certifications and/or transcripts

Course	School	Date of Issue	Expiration Date

Previous Employment (Past 5 Years)

***Use back if more space is needed**

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three references other than past employees listed prior.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Disclaimer and Signature

In submitting this application for membership to the Department, I authorize investigation of all statements contained therein. I hereby authorize the Department to make any contacts considered necessary to me becoming a member, such as previous employers, educational institutions, medical facilities and practitioners, criminal records, etc. I authorize any person or organization whose name I have given as a Character reference or by whom I have been previously employed and any educational institution, which I stated I attended, to furnish the Department any information, they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from the Department as a member at any time.

I understand that this application is the property of the Department and will become part of my personnel file if I am accepted as a member. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize the Department to obtain a complete driving history.

POLICY STATEMENT: The Department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job, or any other prohibited reason. The Membership Committee will select successful applicants after a full review of this application and additional information developed during background checks. Applicants may be disqualified for criminal conduct or false statements.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

Applicant Signature _____ DATE _____

Parent/Guardian Signature _____ DATE _____

(Required if applicant is less than 18 years of age.)