

**Grasonville Volunteer Fire Department**  
**Application for Membership**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, If different: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Drivers License # and State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

If under 18 years of age, a work permit is required. Permit # : \_\_\_\_\_

Do you have any physical defects? \_\_\_\_\_ If so explain: \_\_\_\_\_

*A physical examination is required upon entry to the fire department. The physical is then required every two years thereafter.*

Have you ever held membership in any fire department, paid or

Volunteer? Yes: \_\_\_\_ No: \_\_\_\_ If yes please name: \_\_\_\_\_

Administrative Experience: \_\_\_\_\_

Firefighting Experience: \_\_\_\_\_

Civic organization: \_\_\_\_\_

Have you ever been convicted of anything other than a traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes. Explain if full: \_\_\_\_\_

\_\_\_\_\_

Do you plan on active membership? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Firefighting \_\_\_\_\_ Administrative \_\_\_\_\_ Junior \_\_\_\_\_

Do you have any objection if we check any or all of these Statements? \_\_\_\_\_

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**In case of an emergency contact:**

**Primary Contact:** \_\_\_\_\_ **Phone # :** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Phone # :** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Do you have any allergies to medications?** \_\_\_\_\_ **If so, please list,**  
\_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone # :** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Blood Type:** \_\_\_\_\_ **Are you an organ donor?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**It is understood that any misrepresentation on this application will be sufficient cause for cancellation of this application or termination from this department, if already a member. I also agree to abide by all rules and regulations established by this department. Prior to acceptance into this department a criminal background check will also be completed on the applicant. After acceptance into the department I also acknowledge and agree to take and certify as a MFRI Firefighter 1 as taught by the University of Maryland if not already certified.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**Controlled Dangerous Substance Abuse**  
**Policy of the G.V.F.D.**

**I understand that the Grasonville Volunteer Fire Department has a substance abuse policy and is committed to making a good faith effort to**

**insure a safe, secure, and drug free work place. I also understand that the Grasonville Volunteer Fire Department performs random and post accident drug tests.**

**I hereby agree to submit to a drug screen urinalysis and release it to the Grasonville Volunteer Fire Department, its agents, members, and any medical personnel acting on its behalf when asked to by the department.**

**A Federally-Certified Drug Testing lab will test the sample, and the results will be sent to the Medical Review Officer (MRO) for review. After evaluation, the MRO will notify both you and the Grasonville Volunteer Fire Department of the findings. The results will not be released to anyone else.**

**I further understand that if the MRO determines the rests results are positive, the Grasonville Volunteer Fire Department will consider the termination of my membership. Also the cost incurred for the drug screening will be my responsibility.**

**I further certify the I (please circle) Am or AM NOT currently enrolled in a substance abuse program.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Department Use Only**

**Applicant:** \_\_\_\_\_

**Active Member Endorsement:** \_\_\_\_\_

**Membership Committee**

**Note/Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Date application received:** \_\_\_\_\_

**Date interviewed:** \_\_\_\_\_

**List Date: Junior:** \_\_\_\_\_ **Regular:** \_\_\_\_\_

**Probation Date:** \_\_\_\_\_

**Active Date:** \_\_\_\_\_

**Firefighter 1 completed:** \_\_\_\_\_

**Physical Received:** \_\_\_\_\_