

Organized February 4th, 1897

**Pikesville Volunteer Fire Company, Inc.**

40 E. Sudbrook Lane  
Pikesville, Maryland 21208

Business Phone: (410) 486-9834  
Departmental Line (410) 887-1258  
Fax Number (410) 602-8583

Member

Baltimore County Volunteer Firemen's Assn.  
Maryland State Firemen's Assn.

## **ADULT APPLICATION**

**Active Volunteer Firefighter/EMS Provider/Associate Member**

Dear Prospective Member,

Thank you for expressing an interest in the Pikesville Volunteer Fire Company. Founded in 1897, our fire company is honored to have served our community for over 120 years. We are very proud of our accomplishments and strive to recruit new members to help carry on the legacy.

When filling out this application, **take time to be sure all parts have been completed legibly.** Your application will not be processed until all forms have been completed and received. This includes the required reference sheets and the included signed letter from your physician. **Also, please include a check or money order (no cash) for \$125.00.** This application fee will be used to acquire a copy of your driving record and process a background check. The fee will be refunded to you on the successful completion of your probationary period.

Although we appreciate your interest, we ask that you remain patient throughout this process; it can take several weeks to properly assess an application. Once your application has been reviewed, your presence is required for a physical agility test and interview. The time and date will be communicated to you by members of the recruit committee. These recruitment events are generally scheduled every other month; therefore, a waiting period of *at least* several weeks should be expected. Please add **recruiting@pvfd32.org** to your address book to help prevent our messages from being marked as spam.

Probationary members have various obligations including training and station duties; these responsibilities require a non-trivial amount of time and effort. Please be sure to ask a company officer about what is expected of new members before applying.

For questions about our fire company or the application process, please feel free to contact us at (410)-486-9834 or [recruiting@pvfd32.org](mailto:recruiting@pvfd32.org).

Thank you,  
Recruit Committee  
Pikesville Volunteer Fire Company

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**Basic Information**

*Please print legibly*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any prior names: \_\_\_\_\_

Gender (check one):  Male  Female

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of Time at this Address: \_\_\_\_\_

If you have lived at the above address less than three years, please provide all addresses at which you have lived during that time. If more than two addresses, please attach additional pages.

Previous Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of Time at this Address: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever been convicted of a criminal act, or do you have charges pending against you?  
(check one)  Yes  No

If yes, please explain:

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Please check here if you **do not have** a driver's license:

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Has your license ever been suspended? (check one)  Yes  No

If yes, please explain:

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**I am applying for:**  Active Fire  Active EMS  Associate Membership

**Education**

Education	Name of School	Years Attended	Date Graduated	Subject of Study
High School				N/A
College				
Trade / Business / Grad School				

What foreign languages do you speak/read/write?

\_\_\_\_\_

Military Service: \_\_\_\_\_ Dates: \_\_\_\_\_

Rank: \_\_\_\_\_ Are you currently a member of the National Guard?  Yes  No

Have you ever applied for membership with PVFC before?  Yes  No

If so, when? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Have you ever been a member of another fire/rescue/ambulance department?  Yes  No

Name of Organization: \_\_\_\_\_ Member from: \_\_\_\_\_ Until: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Company Commander: \_\_\_\_\_

*If you have been or are currently a member of more than one other department, please list the above information for them on a separate page.*

Do you hold a valid CPR card?  Yes  No

Do you hold a valid First Aid card?  Yes  No

Are you currently certified as:  EMT-B  IV Tech  CRT-I  EMT-P  None

If you are an instructor in any of the above, please indicate:

\_\_\_\_\_

List all other training courses in emergency services that you have completed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List involvement in any volunteer or service organizations other than emergency services:

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

Dates: (mm/yy)	Name, Address & Phone # of Employer	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			

**References:**

Please give the names of three persons not related to you whom you have known at least one year.

Name	Email Address	Cell Phone	How do they know you?	Years Known

Please read the following statement carefully before signing.

I hereby authorize the Pikesville Volunteer Fire Company to investigate all statements contained in this application. To the best of my knowledge, all statements and answers that I have given are true, accurate, and correct. I understand that the misrepresentation or omission of facts will result in the nullification of this application or subsequent membership based upon its content.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Contacts**

Please indicate persons you would like notified in case of an emergency:

First Choice:

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice:

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Designation of Beneficiary**

I (print name) \_\_\_\_\_ am a member of the Pikesville Volunteer Fire Company, Inc. and I am aware that as a member of the Company, there are insurance policies and other programs – either by law or by other sources – which, in the event of injury to me or my death, may pay benefits to me or to certain beneficiaries. I hereby designate the following, in the order listed, as such:

First Choice:

Name(s): \_\_\_\_\_

In the event that/those person/persons is/are not alive, then:

Second Choice:

Name(s): \_\_\_\_\_

If there is no living beneficiary listed then:

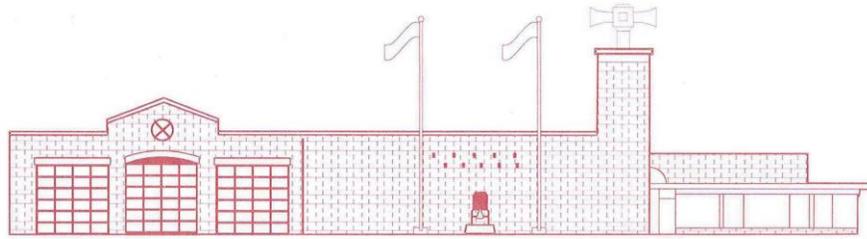
Third Choice: To my estate.

Completed and signed at Baltimore, Maryland this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

*The following page contains a letter to present to your physician. The physician need only sign the release on page eight of this application.*



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Dear Healthcare Provider,

\_\_\_\_\_ has applied to the Pikesville Volunteer Fire Company for active membership as a Firefighter and/or Emergency Medical Services Provider. The duties of a Firefighter/EMS Provider include, but are not limited to, the items in the job descriptions below.

Two job descriptions are included: entry personnel and non-entry personnel. If the applicant's medical history includes no contraindications to the performance of these duties, please check "Entry" on the following page. If the applicant does not meet the requirements for "Entry Personnel," but does meet the requirements for "Non-Entry Personnel," please check "Non-Entry" on the following page. **Please check only ONE of Entry or Non-Entry; we cannot accept forms with both lines checked.**

Baltimore County Volunteer Firemen's Association policy **requires that this form be signed by a doctor.** We cannot accept forms signed by any other healthcare professionals, including physician assistants and nurse practitioners.

If the applicant does not meet either set of requirements, or you have any questions, please contact the recruit committee at (410)-486-2668.

### ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Assists in the saving of lives and property and in extinguishing fires. Enters and removes or leads persons from buildings or hazardous situations. Operates firefighting and rescue equipment, and uses self-contained breathing apparatus. Carries or drags hoses, ladders, and other equipment. This position entails the performance of heavy physical labor involving fire suppression, emergency rescue, and emergency medical operations. Work requires exposure to potentially hazardous public safety activities.

### NON-ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Performs emergency and non-emergency procedures at the scene. Does not use self-contained breathing apparatus. May drive ambulance or fire apparatus under emergency response conditions, using knowledge and skill in driving to avoid sudden motions detrimental to themselves or others.

Persons in this position must be able to safely perform the duties of the position without posing a threat to the health or safety of themselves or others.

Appendix A



**BCVFA Medical Authorization Form**

Patient's Name: \_\_\_\_\_ LOSAP Number: \_\_\_\_\_

This is to verify that I have read and understand the attached position description of the above named individual and that I have performed a complete history and physical exam and that the employee is medically able to perform all of the physical requirements and is cleared as: (SELECT ONLY ONE OPTION)

\_\_\_\_\_ ENTRY

\_\_\_\_\_ NON-ENTRY

\_\_\_\_\_ UNABLE TO PARTICIPATE IN ANY EMERGENCY OPERATIONS

\_\_\_\_\_  
Signature of Primary Care Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Primary Care Physician

\_\_\_\_\_  
Type of Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

**Agility Assessment Release**

I have indicated my interest in joining the Pikesville Volunteer Fire Company (PVFC) as an active member, and I understand that I must take a physical agility assessment as part of the application process. I understand what is involved. I assure the Pikesville Volunteer Fire Company that the following statements are true:

1. I am in excellent physical condition.
2. I know of no reason why I cannot take a physical agility assessment.
3. I do not have any physical limitations or problems that will cause me to be hurt or injured if I take the physical agility assessment.

Furthermore, I agree that I will make no claim against PVFC or any of its officers or members if I am injured or hurt on account of taking the physical agility assessment.

I also understand that this assessment is only one of the procedures that PVFC uses in considering applications for membership and that completion of this assessment does not guarantee me membership in the Pikesville Volunteer Fire Company.

This release is being signed before I take the physical agility assessment. I have no questions about the assessment. All questions I had have been answered to my satisfaction and full understanding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information Release Authorization**

I, (print full name) \_\_\_\_\_ do hereby authorize a review and full disclosure of all records – or any part thereof – concerning myself by/to any duly authorized agent of the Pikesville Volunteer Fire Company, whether the records are public or private, including those which may be deemed to be of privileged or confidential nature. The intention of this authorization is to provide information that will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospital clinics, private practitioners, the US Veterans Administration, and military psychiatric facilities; public utility companies; employment reports, the results of polygraph examination, pre-employment records including background investigation reports, efficiency ratings, complaints, or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including but not limited to the records and recollections of attorneys-at-law, or of other counsel representing myself or another person in any case in which I presently have – or have had – interests; and any arrest and/or convictions which may be of a criminal nature. A photocopy of this release form will be valid as an original hereof, even though the photocopy does not contain an original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Employment Consumer Report Authorization***

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I acknowledge receipt of the **Employment Consumer Report Disclosure** and the summary of consumer rights entitled **A Summary of Your Rights Under the Fair Credit Reporting Act**.

I authorize you to secure an investigative consumer report for employment purposes, which may include but not necessarily be limited to a criminal history records investigation, an MVA driving record, verification of education, and verification of employment history.

I authorize your consumer reporting agency, Property Owners' Exchange Inc, to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics, and mode of living. I release all concerned from liability in connection with any information they give. Any misrepresentation made in this application will be sufficient cause for cancellation of the application and/or for separation from the company's service if the company employs me.

I understand that I have the right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigative consumer report.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**THE BALTIMORE COUNTY VOLUNTEER FIREMEN'S ASSOCIATION**  
 PLACE AN ENTRY IN EVERY SPACE ! PLEASE PRINT LEGIBLY

LAST NAME OF INSURED		FIRST NAME OF INSURED		MIDDLE INITIAL
HOME ADDRESS				INSURED'S DATE OF BIRTH
CITY			STATE	ZIP CODE
INSURED'S I.D. NO.	STATION NO.	NAME OF VOLUNTEER COMPANY		

<b>BENEFICIARY DESIGNATION</b>	
PRINT THE FULL, LEGAL NAME OF THE PERSON YOU WISH TO DESIGNATE AS THE BENEFICIARY OF THIS POLICY IN THIS BLOCK	
RELATIONSHIP OF BENEFICIARY TO INSURED	
SIGNATURE OF INSURED	DATE SIGNED

**THIS FORM MUST BE KEPT IN THE MEMBER'S COMPANY PERSONNEL FILE**