



**ARNOLD VOLUNTEER FIRE
DEPARTMENT INC.
1505 RITCHIE HIGHWAY
ARNOLD, MD 21012
[\(410\) 757-2686/station](tel:(410)757-2686)
[\(410\) 757-5942/voicemail](tel:(410)757-5942)**

NAME: _____ **DATE OF
BIRTH:** _____ **AGE:** _____
SSN: _____ **DRIVERS LICENSE
NUMBER:** _____
ADDRESS: _____

CITY: _____ **STATE:** _____
ZIP: _____

**HOME
NUMBER:** _____ **WORK:** _____
CELL: _____

**EMAIL
ADDRESS:** _____ @ _____

**MEMBERSHIP:
OPERATIONAL:** _____

ADMINISTRATIVE: _____
**PREVIOUS FIRE/EMS
TRAINING:** _____

**IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT
OR GUARDIAN:**

**PRINT
NAME:** _____

SIGNATURE: _____ **DATE:** _____

**I _____ PROMISE TO OBEY
THE RULES & REGULATIONS OF THE ARNOLD
VOLUNTEER FIRE DEPARTMENT INC.
SIGNATURE:** _____ **DATE:** _____

**HAVE YOU EVER APPLIED TO THE DEPARTMENT
BEFORE: YES _____ NO _____
HAVE YOU EVER SERVED IN ANOTHER FIRE
DEPARTMENT:**

YES _____ NO _____

IF YES, PLEASE PROVIDE COMPANY NAME AND DATES: _____



**MEMBERSHIP CHECKLIST
(INTERNAL USE ONLY):**

MEMBERSHIP APPLICATION:

COMPLETED: _____

DATE: _____

PROPOSED BY: _____

DATE: _____

BOARD APPROVAL: APPROVED: _____

DISAPPROVED: _____

EMERGENCY CONTACT FORM FILLED OUT AND ATTACHED: YES _____ NO _____

EMAIL ADDED TO LIST SERVER: YES _____ NO _____

DRIVER LICENSE ATTACHED: YES _____ NO _____

APPLICATION FEE OF \$25 COLLECTED AND GIVEN TO TREASURER: YES _____ NO _____

OPERATIONAL PACKET SENT TO VOLUNTEER COORDINATOR: YES _____ NO _____

DATE: _____