

PVFC

Potomac Valley Fire Co., Inc.

2202 Dargan School Road
Sharpsburg, MD 21782

Phone: (301) 432-2130
Fax: (301) 432-7792

Application for Membership

\$5.00 application fee
Probationary start date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ DOB: _____ Age: _____

In case of emergency notify: _____ Phone: _____

Do you have a valid drivers license? Yes No License # _____

State: _____ Class: _____ Number of points if any: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

Are you or have you ever been a member of this or any other fire or rescue company? Yes No

If Yes: Company Name: _____

Address: _____

Dates: _____

Do you have any previous fire or rescue training? Yes No

Class Name	Date Completed	Expiration Date

Type of membership: Please check the appropriate box

<input type="radio"/> Cadet Member	14-15 years of age; you must have parents signature and a work permit, and be willing to follow all rules of PVFC.
<input type="radio"/> Junior Member	16-17 years of age; you must have parent/guardian signature, a work permit and meet all by-law requirements and be willing to follow all rules of PVFC.
<input type="radio"/> Active Member	18 years of age or older; and meet all by-law requirements and follow all rules of PVFC.

Continues on back

Rules:

- * If accepted as member, you will be on a six month probationary period.
- * You must be willing to take any reasonable orders from any officer of this company.
- * To be considered an active firefighter; you must have 32 hours minimum in-house company training.
- * An active firefighter must, in one year from the time of application, be enrolled in a University of Maryland Firefighter I class, or at least make an attempt to do so.
- * Before leaving from this company for any reason, all company property assigned to you or in your possession will be returned to the chief officer of PVFC.
- * I also understand that; by falsifying any of the information contained herein, I forfeit my right to membership with PVFC.

If you agree to all of the above, and are willing to abide by all rules, please sign and date below.

Signature of applicant: _____ Date _____

If under 18 years of age you must have parental or guardian consent.

Signature of Parent/Guardian: _____ Date _____

Board of Directors approval: Yes No



Potomac Valley Fire Company, Inc.

2202 Dargan School Road
Sharpsburg, MD 21782

Phone: (301) 432-2130
Fax: (301) 432-7792

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT

Name: _____
Last First Middle

Any previous or maiden names

Address: _____

How long have you lived at this current address: _____

Any Previous Addresses: _____

Date of Birth: ____/____/____ Place of Birth: _____

Race: _____ Gender: _____ Social Security Number ____ - ____ - ____

Driver's License Number: _____ State of Issue: _____

I do hereby authorize a review and full disclosure of all criminal and motor vehicle records, or any part thereof, concerning myself by the Hagerstown City Fire Marshal's Office, whether the said records are public or private, and including those which may be deemed to be of a privileged nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize full and complete disclosure of all criminal records.

A photocopy of this release form will be as valid as an original hereof, even though said photocopy does not contain an original of my signature.

Applicant Signature

Witness Signature

Date

Witness Print Name