

CO 1
Auxiliary of the
Leonardtwn
Volunteer Fire Department
P.O. BOX 361
Leonardtwn, MD 20650
MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

Name: _____ Age: _____

Address: _____ Home Phone #: _____

_____ Cell Phone #: _____

City: _____ State: _____ Zip Code _____ DOB: _____

SSN#: _____ Preferred Communication:

Home # []

Cell # []

Email []

Driver's License #: _____

State: _____ Type: _____ Email: _____

Are you now or have you been a member of another Fire/Rescue Department and/or Auxiliary?

[] Yes [] No If yes, Name of Department: _____

[If applicable] St. Mary's County LOSAP ID#: _____

Name and address of Employer: _____

If Student, list school and grade assigned: _____

[If Student] Point of Contact Name and Phone #: _____

Character References: (NOT related, and NOT a member of this Department)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

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In case of Emergency Notify:

Name: _____

Phone #: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

City: _____ State: _____ Zip Code _____

Have you been ever convicted of a felony: [] Yes [] No

If yes, please explain: _____

"I hereby certify that the facts set forth in my application are true and complete. I understand that if accepted for membership, statements that are later found to be false on this application shall be considered sufficient cause for dismissal. I also understand that my application may be rejected based on reference recommendations, criminal record history or deception on my part on the application. I hereby authorize the Leonardtown Volunteer Fire Department, Inc. to make any investigation of my personal and/or criminal history contained on this application.

Applicant's Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

(Required, if applicant is under 18 years of age)

Vote Type:			Approval Date:
Junior	Yes	No	
Probationary	Yes	No	
Active	Yes	No	

Notes: _____

Meetings Dates:	
1	
2	
3	
4	
5	
6	