WHITEFORD VOLUNTEER FIRE COMPANY, INC.

APPLICATION CHECKLIST

☐ $50.00 Money Order Cash Check #_____

☐ Copy of Driver's License
☐ N/A

☐ Copy of Social Security Card

☐ Copy of Maryland Fire Pension/ LOSAP Records
☐ N/A

☐ If a member at another volunteer fire company, letter from a Chief Officer stating what the current standing with that company is.
☐ N/A

☐ Medical Release Form

☐ Beneficiary Forms X2

☐ Last report card (if high school student)
☐ N/A

☐ Maryland State work permit for WVFC (if minor)
☐ N/A

Membership Committee Representative Verification Signature

_____

Date: _____

Revised 07/2026

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

Thank you for considering membership with the Whiteford Volunteer Fire Company. After filling out the attached application, please retain this paper for future reference.

EXPLANATION OF APPLICATION

APPLICATION MUST BE COMPLETED WITH NO LINES LEFT BLANK. If an item(s) do not apply to you please enter N/A.

- $50.00 application fee is to accompany your application. We accept Money Order, Cash or Check
- If the applicant is a minor, a Maryland State Work Permit for Whiteford Volunteer Fire Company Inc. must accompany the application.
- If the applicant is a high school student, a copy of their last report card must be attached.
- If you are or wore a member of another volunteer fire company, you need a letter from that company stating your standing and if a Maryland company, a copy of your pension/ LOSAP records signed by an officer of that company.
- There will be a record check for ALL applicants.
- Once the membership committee has reviewed the application and report, you will receive contact in writing to arrange a date and time for an interview with the membership committee. The interview will be held at the Whiteford Volunteer Fire Company. After the interview your application and any positive or negative background information will be presented at the following fire company Board of Directors meeting which is held the fourth Tuesday of each month. Voting will take place at the regular company meeting on the first Tuesday of the month after all processes are completed. **We encourage you to attend that meeting**. Should you not get the required 2/3 majority vote of the attending membership to become a member, you must wait at least 6 months before reapplying.
- Any application turned in to be voted on in December will be held and not done until January due to elections.
- Incomplete applications will not be kept longer that 90 days and you will have to reapply with fee.

Any questions can be directed to apply@whitefordvfc.com

Applications can be mailed or hand delivered to:

Whiteford Volunteer Fire Co.

1407 Pylesville Road

Whiteford MD 21160

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

Membership Application

Company Use Only

Date Received _____ **Fee Received:** _____ **Background Check Date:** _____
Background done by: _____ **Interview Date:** _____ **Meeting Date:** _____
Probation Date: _____ **Date Active:** _____ **Monitor Number:** _____

Name _____
Last First Middle
Given Birth Name: _____
Aliases: _____
Address _____ Apt # _____ P.O. Box _____
City _____ County _____ State _____ Zip _____

Phone _____ Date of Birth _____
Cellphone _____ Email _____

Do you have a current valid Driver's license? _____ Yes _____ No

Employer
Name _____ Phone _____

Address _____ City _____ State _____
Zip _____ Supervisor _____ Work number _____

Students Only
School _____ Counselor _____
Current Year ____ sophomore _____ junior _____ senior Report Card Attached ___Yes ___ No

Cadets Only (Age 16-18) MUST be 16 at the time of acceptance
Parent/Guardian

Name _____
Address _____ Apt # _____ P.O. Box _____
City _____ State _____ Zip _____
Phone _____ Relationship _____

I certify that the above information contained on this application provided by myself is true and correct to the best of my knowledge. I further agree to abide by the bylaws and standard operating guidelines of the Whiteford Vol. Fire Company Inc.

Applicants Signature _____ Date _____
All information is confidential and ONLY available to Chief Officers, Admin and Membership committee

Parent Signature _____ Date _____

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

Membership Application

All information is considered confidential and available only to Chief Officers, Membership Committee for investigation purpose, and retained in a locked personnel file.

Please check area(s) you are interested in:

Active Firefighter _____ Active Emergency Medical Service _____

Supporting Member _____ Cadet _____

_____ Attached are Fire or EMS Training Certifications currently held.

Please list three references (Besides current, future or past relatives) * Cadets must list at least 1 teacher*

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Have you ever applied to another volunteer or career fire or EMS agency? Please list ALL agencies applied to-if more space is needed use reverse side of this application.

NAME OF AGENCY: _____

ADDRESS: _____

CONTACT PERSON AND TELEPHONE NUMBER: _____

DATE APPLIED: _____

Please indicate if you are a member of other fire/EMS agencies at this time. YES _____ NO_____

If you are or have been a member of another fire or EMS agency, please list any disciplinary actions taken against you, to include suspension from active duty or if your membership was terminated. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE; HOWEVER, FAILURE TO DISCLOSE COMPLETELY AND TRUTHFULLY ANY DISCIPLINARY ACTIONS SHALL BE CAUSE FOR REJECTION OF THIS APPLICATION. Additional pages are provided in this packet for explanation.

Have you ever been charged and convicted of any crime, to include misdemeanor offenses in this State or any other? PLEASE PROVIDE THE NATURE AND DISPOSITION OF THE OFFENSE(S). _____

_____

_____

Please acknowledge that by virtue of your signature, you understand that this agency reserves the right and shall conduct a background check, through established sources certified to do it on behalf of this organization, as permitted under Maryland law.

Sign: _____ Date: _____

Social Security Number _____ Driver's License Number _____
License State _____License Class _____ Expiration _____ CDL ____YES ___NO

Applications Signature _____ Date _____
If under 18 years of age, Parent/Guardian MUST sign below
Parent/Guardian _____ Date _____

IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone _____
Work Phone _____ Address _____

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

Medical Information

Blood Type _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

List All Allergies _____

Do you have any medical conditions that would prevent you from carrying out the tasks for the position you are applying for? _____YES _____ NO If yes, explain

_____

_____

_____

Do you currently have any Workman's Compensation Claims going on?

_____YES _____ NO If yes, explain

_____

_____

_____

Beneficiaries:

Name _____ Relationship _____ SSN ___-___-____ DOB _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ SSN ___-___-____ DOB _____

Address _____ City _____ State _____ Zip _____

Applicant Printed Name _____

Applicant Signature _____ Date _____

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

RELEASE FORM

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

I hereby authorize the Whiteford Vol Fire Company and its agents to investigate all statements in this application, to investigate my background, obtain a copy of my driving record and obtain information concerning my qualifications as a prospective member in conjunction with this investigation, I hereby authorize any fire, rescue or ambulance company where I have been affiliated to give the cooperation and any and all information that may have regarding my performance or abilities for the position for which I have applied. I release such persons and entries from any liability with respect to furnishing such information as necessary to those members and agents of the corporation and require such information to investigate or make decisions with respect to any matter to my membership.

I understand and agree that the membership relationship between the corporation and me is "At will". This means the member and the corporation each have the right to terminate this relationship at any time with or without cause and with or without advance notice. While By Laws, Standard Operating Guidelines, policies and programs exist and may be changes at any timer, and my "At will" status is not subject to change without written agreement by an officer of the corporation.

Applicant Name printed _____

Applicant Signature: _____ Date: _____

Parent/ Guardian (if minor) printed _____

Parent/ Guardian Signature: _____ Date: _____

Membership Committee Member printed _____

Membership Committee Member Signed: _____ Date: _____

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

IMAGE /VIDEO RELEASE

I hereby give permission my images of myself / child, captured curing their time at the Whiteford Vol Fire Company through video, photo and digital cameras, to be used solely for the purpose of Whiteford Vol Fire Company, Inc. (Organization) promotional material, social media, and publications and wave any rights of compensation of ownership thereto.

Name of Participant (please print): _____ Age: _____

Name of Parent/Guardian (please print) if under 18:_____

Parent/ Guardian signature: _____

Participant's signature: _____

Date: _____

1407 Pylesville Road, PO Box 222 – Whiteford, Maryland 21160

WHITEFORD VOLUNTEER FIRE COMPANY, INC.

Description of Volunteer Duties and Medical Release Form

To be completed by Volunteer or Guardian:

Name of Volunteer (print): _____

Fire Service Organization: WHITEFORD VOLUNTEER FIRE COMPANY

To be completed by Physician or other License Health Care Professional:

The Whiteford Volunteer Fire Company (WVFC) patriciates in a wide variety of emergency services. Volunteers can be required to perform strenuous and/or hazardous duties. Listed below is a general description of what those duties may include. If a volunteer cannot perform these duties, he/she will not be allowed to participate in the course.

Duties:

A volunteer may be required to wear fire protective clothing and self-contained breathing apparatus weighing at least 50 pounds in hazardous atmospheres, perform firefighting and rescue operations that expose them to extreme heat, toxic products of combustion and hazardous materials. They may also be required to lift and operate heavy machinery, carry and raise ladders, and climb ladders up to 135 feet in height. Volunteers may achieve heart rates of 85-100% of their maximum capacity during training operations.

Fitness for Duty Status:

The physician or other licensed health care professional authorizes the following duty status for the volunteer:

_____ FULL DUTY: Duty status includes all elements listed in the position description listed above.

Physician or other licensed health care professional:

Signature: _____

Printed: _____ Date: _____

Phone: _____

Address:

_____

_____

Harford County, Maryland
Length of Service Award Program

Beneficiary Designation Form

$5,000 Burial Benefit

_____ _____

Volunteer's Name: Last, First, MI (please print) *Social Security number*

This form shall be used to name or change beneficiaries. The primary beneficiary is the person who receives the proceeds from this policy if you die. Complete the information below. Please type or print in ink.

1. You may list one or more primary beneficiaries.
2. Indicate each beneficiary's relationship to you.
3. Indicate the distribution by percentage. If you list more than one beneficiary, the distribution percentages must total 100; for example, 60/40, 50/50, etc.
4. You may list one or more secondary beneficiaries. The secondary beneficiary will receive proceeds from these policies if you and the primary beneficiary both die. Please also indicate each one's relationship to you, and if you name more than one, indicate the distribution percentage for each.
5. If you do not indicate a distribution percentage, each beneficiary will receive an equal share of the benefit.

$5,000 Burial Benefit - Harford County Code, Chapter 28, Article I, §28-3(F)

Primary Beneficiary(ies)

Name	*Relationship*	*Distribution by %*	*Address (Street/P.O. Box, City, State, Zip)*

Secondary Beneficiary(ies)

Name	*Relationship*	*Distribution by %*	*Address (Street/P.O. Box, City, State, Zip)*

The witness line must be completed. The witness cannot be your beneficiary or a member of your family, and the date of the witness' signature must be the same as yours.

_____ _____ _____

Signature of witness in ink *Witness' name (printed)* *Signature date*

_____ _____ _____

Signature of volunteer in ink *Volunteer's name (printed)* *Signature date*

Return completed forms to: Harford County Government; Department of the Treasury; Attn: LOSAP; 220 S. Main Street; Bel Air, MD 21014

Adopted 12/2007

VFIS.

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)
Beneficiary: Name _____ Relationship _____ Date of Birth_____ Share_____%

Name _____ Relationship _____ Date of Birth_____ Share_____%

Contingent
Beneficiary: Name _____ Relationship _____ Date of Birth_____ Share_____%

Name _____ Relationship _____ Date of Birth_____ Share_____%

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature_____ **Date** _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)