



**Smithsburg Community Volunteer Fire Company**  
P.O. Box 32, 22 N. Main Street, Smithsburg, MD 21783  
Phone 301-824-2889 • Fax 301-824-3880  
[www.smithsburgvfc.org](http://www.smithsburgvfc.org)

Application for Membership

Smithsburg Community Volunteer Fire Company

Date of Application \_\_\_\_\_

Type of Membership Desired:

- Firefighter
  - Jr. Firefighter (16-18 years of age)
  - Administrative
- .....

ADMINISTRATIVE USE ONLY

\_\_\_\_\_  
Date Approved by Membership

\_\_\_\_\_  
Date Probation Ends

\_\_\_\_\_  
Presiding Officer Signature

Name (First, Middle, Last, Suffix): \_\_\_\_\_

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

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

Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Are you employed? YES NO STUDENT

If yes, who is your employer? \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Were you employed prior to your present employer? YES NO

Past Employer Name: \_\_\_\_\_

Past Employer Address: \_\_\_\_\_

Past Employer Phone Number: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Marital Status:  Married  Divorced  Single

Optional: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you or have you ever been a member of another fire and rescue company?

If yes, please list the department name(s) and dates and your reason for leaving:

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Do you have any fire and rescue training? YES NO

If yes, please attach copies of Certifications.

Are you a veteran? YES NO

Are you a part of the Reserves or National Guard? YES NO

If yes:

Branch of Service: \_\_\_\_\_ Active Dates: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Have you ever been charged OR convicted of a felony? YES NO

If yes, please provide explanation on a separate sheet of paper.

\*\*Please note that "yes" does not necessarily disqualify you from membership.

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One of the requirements to become an active firefighter with this department is to have an annual physical. The applicant must complete the physical within the probationary period. Physicals are provided by the Smithsburg Community Volunteer Fire Company.

Are you willing to undergo a drug/alcohol test? YES NO

**EDUCATION BACKGROUND:**

High School: \_\_\_\_\_ Did you graduate? YES NO

Technical School: \_\_\_\_\_ Did you graduate? YES NO

Field of Study: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Please give a brief explanation of why you would like to become a member of the Smithsburg Community Volunteer Fire Company:

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**REFERENCES:**

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

In case of emergency, who shall we notify?

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

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

Phone: \_\_\_\_\_

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

Membership Agreement:

I, an applicant of the Smithsburg Community Volunteer Fire Company, do agree to abide by the organizational By-Laws, regulations, and in-house rules as set forth by the Company.

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

Parent(s) Signature – if a minor under 18 years of age.

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

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**Investigation Committee**

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

Person(s) conducting interview: \_\_\_\_\_

Person(s) completing back-ground check: \_\_\_\_\_

Recommendation of the Committee:

- Recommended for Membership
- NOT Recommended for Membership at this time