**CHECK SHEET FOR APPLICATIONS**

**\_\_\_\_\_\_ \*DRUG FORM GIVEN**

**\_\_\_\_\_\_ \*DRUG RESULTS RECEIVED**

**\_\_\_\_\_\_ \*APPLICATION FEE**

**\_\_\_\_\_\_ \*DRIVERS LICENSE**

**\_\_\_\_\_\_ \*SOCIAL SECURITY CARD**

**\_\_\_\_\_\_ \*DRIVING RECORD**

**\_\_\_\_\_\_ \*BACKGROUND CHECK**

**\_\_\_\_\_\_ \*REFERENCE CHECK**

**\_\_\_\_\_\_ \*READY FOR EXECUTIVE BOARD**

**NOTES:**

**THE ROSEDALE VOLUNTEER FIRE CO., INC**

8037 PHILADELPHIA ROAD

BALTIMORE, MARYLAND

(410)-866-4042



Dear Applicant:

Thank you for your interest in the Rosedale Volunteer Fire Company. The application **process takes approximately six to eight (6-8) weeks** from the time you fill out the application until your application is voted on by the Executive Board Members. You can help shorten this time by filling out the following application as neatly, accurately, and completely as possible.

We require a **$20.00, non-refundable,** application fee from all applicants to cover the cost of processing the application packet and performing a background check. If any additional information is required during the investigation, you will be contacted and responsible for the additional cost. **Applicants are required to complete a drug test**. Applicants are required to submit a copy of their driving record. **Your application will not be processed until we receive the application fee, completed application packet, a copy of your social security card, a copy of your drivers license, and a copy of your driving record.** If these items are not received within **sixty (60) days of the date of the application,** we will discard the application packet and you will be required to reapply.

**Please be accurate** in providing the requested information, the background check authorization is a legal document. Prior problems with the law or other past problems may not necessarily cause your application to be rejected; however, false statements made on the application may be cause for denial or dismissal from the company if you have already been accepted. Baltimore County Fire Department is still a Drug Free work environment.

Once you are accepted, you will need to attend a New Members Orientation/Meeting. At this orientation/meeting, you will receive a packet of information that will include Rules and Regulations, Bylaws and the SOP’s of the company. Prior to completing the application, **you should review the minimum member requirements** found on the next page to determine if you will be able to meet these requirements.

Thank you again for your interest in the Rosedale Volunteer Fire Company. If you should have any questions, please feel free to call Erin Mahoney or Sam Camp, members of the application committee at (410)-866-4042. **Best time to call** is on Monday evenings between 1800-2000hours **(6pm-8:00pm.)** or email: [280applications@gmail.com](mailto:280applications@gmail.com)

Thank You, Application Committee

**MINIMUM REQUIREMENTS FOR MEMBERSHIP**

**Regular Member**

**\_\_\_\_\_\_\* Dues are paid each year.**

**\_\_\_\_\_\_\* Faithfully support Bylaws.**

**\_\_\_\_\_\_\* Follow the S.O.P.’s.**

**\_\_\_\_\_\_\* Have 50 LOSAP hours of combined duty time and calls per year**

**\_\_\_\_\_\_\* Have a minimum of 10 calls per year**

**\_\_\_\_\_\_\* Notify the President/Secretary of address changes.**

**\_\_\_\_\_\_\* Attend 6 hours of training every 6 months in EMS and/or Fire.**

**\_\_\_\_\_\_\* Work 6 hours of non-emergency fund raising every 6 months.**

**\_\_\_\_\_\_\* Complete assigned housework.**

**\_\_\_\_\_\_\* Complete any other duties as assigned by a company officer,**

**Associate Member**

**\_\_\_\_\_\_\* Dues are paid each year.**

**\_\_\_\_\_\_\* Follow the S.O.P.’s.**

**\_\_\_\_\_\_\* Notify the President/Secretary of address changes.**

**\_\_\_\_\_\_\* Complete assigned housework.**

**\_\_\_\_\_\_\* Complete any other duties as assigned by a company officer.**

**\_\_\_\_\_\_\* Work 12 hours of non-emergency fund raising every 6 months.**

**Social Member**

**\_\_\_\_\_\_\* Dues are paid each year.**

**\_\_\_\_\_\_\* Notify the President/Secretary of address change.**

**\_\_\_\_\_\_\* Faithfully support Bylaws.**

**\_\_\_\_\_\_\* Follow the S.O.P.’s.**

**\_\_\_\_\_\_\* Complete assigned housework.**

**\_\_\_\_\_\_\* Complete any other duties as assigned by a company officer.**

**\_\_\_\_\_\_\* Work 6 hours of non-emergency fund raising every 6 months.**

**Rosedale Volunteer Fire Company**

**Membership Application**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**(Last) (First) (MI)**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver‘s License#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_**

**Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact your employer for a reference? Yes No**

**If, yes please list a contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES:-Please list three (3) local references, who are not related to you.**

**1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been a member of another Fire/Ambulance company? Yes No**

**If yes, please give the names of any past companies, dates of membership, LOSAP#, and reasons for leaving:**

**Please list any current or past fire/medical training/certifications that you have with the expiration dates:**

**Have you ever been convicted of a crime other then a mild traffic violation? Yes No**

**If yes, please give details below including dates and final disposition of the case:**

**I am interested in: Riding: Fire Engine/ Ambulance**

**Non Riding: Associate/ Social Member**

**Cadet member under age 18 Yes No**

**Briefly Describe your interest in the Rosedale Volunteer Fire Company:**

**All of the above information is true to the best of my knowledge and ability. I have read and understand the cover letter to the application. I agree to follow all of the rules and Regulations, Bylaws and Standard operating procedures (SOP’s) of the company if accepted as a member.**

**Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent or Guardian’s signature if applicant is under age 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HireRight**

**Background AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **Rosedale Volunteer Fire Company,** by and through its independent contractor, **HireRight, Inc.,** to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history; including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate discloser of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **HireRight,** if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. 1681 et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to authorize **Rosedale Volunteer Fire Company,** by and through **HireRight,** including but not limited to, any and all courts, public agencies and law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency complied the information itself or received it from other sources.

I herby release **Rosedale Volunteer Fire Company, HireRight** and any and all persons, businesses entity and governmental agencies, whether public or private, from any and all liability claims and/or demands, by me, my heirs or other making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this authorization/release form shall remain in effect for the duration of my employment with said company.

Further, I certify that the information contained on this authorization/release form is true and correct and that my application for employment will be terminated based on any false, omitted or fraudulent information.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: First Middle Last Other Names Used/Dates Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: Street/P.O. Box City State Zip Code Country Dates

Addresses For the Past Seven Years:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/P.O. Box City State Zip Code Country Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/P.O. Box City State Zip Code Country Dates

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issuance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you ever been convicted of a crime or convicted of a military court martial? Yes\_\_\_No\_\_\_
* Have you ever been sanctioned or had your licenses suspended or revoked? Yes\_\_\_No\_\_\_
* Are you currently under any investigation or pending charge? Yes\_\_\_No\_\_\_

**ROSEDALE VOLUNTEER FIRE COMPANY**

**DRUG AND ALCOHOL POLICY**

A. All new applicants with the exception of members entering a non-riding cadet program will be required to have a standard drug test at an appropriate medical facility approved by the BCVFA. The test should be applied when membership has been approved but not yet implemented, awaiting only the results of the test.

B. Any member driving an emergency vehicle of a Member Company, the Baltimore County Fire Department or the BCVFA which vehicle is involved in an accident will have a standard drug test completed as soon as practically possible after the occurrence if: (a) any person who was involved in the accident is transported by ambulance from the scene of the accident to an emergency or urgent care facility; or (b) if the condition of any vehicle that was involved in the accident causes the need for towing or otherwise assisting the movement of the vehicle from the scene of the accident.

C. All results will be treated within the guidelines of applicable law with regard to confidentiality and due process results shall be reported by the testing agency to the Association Medical Director, who shall give the information to one of the two designated (per rules established by the Executive Board of the BCVFA) officials of the Company of which the tested Member is a member. The fees incurred for any test administered pursuant to this policy will be paid or the Baltimore County Volunteer Fireman’s Association. The member’s Company shall reimburse the Association for this cost.

D. The Executive Board, with the approval of the BCVFA, shall establish and maintain, from time to time, Rules governing the administration of this policy, to the extent determined by the Executive Board or by the BCVFA to be appropriate.

E. It Shall be the responsibility of each Member Company to establish and enforce policies and procedures for dealing with positive test results and administration of this policy except as otherwise specified by this policy amended, from time to time, by action of the BCVFA.

**Drug AND/OR ALCOHOL TESTING CONSENT FORM**

**EMPLOYEE AGREEMENT AND CONSENT TO**

**DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of **Rosedale Volunteer Fire Company,** to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for sample analysis. I understand and agree that and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such tests to the company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the company, its company physician, and any testing laboratory the company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIER A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name- Printed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Representative Date

**THE ROSEDALE VOLUNTEER FIRE CO., INC**

8037 PHILADELPHIA ROAD

BALTIMORE, MARYLAND

(410)-866-4042



MEMBERSHIP COMMITMENT FORM

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name) choose to serve my community in the following way. I would like to be a member of: (check one)

\_\_\_\_\_\_\_\_ Suppression Division

\_\_\_\_\_\_\_\_ EMS Division

\_\_\_\_\_\_\_\_ both Suppression and EMS Division

I understand that while riding I should be completing a minimum of (10) calls per year in my chosen division or if I choose both divisions, a split of 5 calls each per year is the minimum requirement.

I also understand that if a situation would arise that would prevent me from making my duty time; I should be proactive and notify the president in writing of my situation.

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY USE ONLY**

**Application accepted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application fee paid Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driving record received Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator, give brief description of conversation with each reference.**

**Employer:**

**Reference #1:**

**Reference#2:**

**Reference#3:**

**Approved/Denied Executive Board Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Remarks:**