



JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.

Dear Prospective Member:

We are pleased you have expressed an interest in joining Joppa-Magnolia Volunteer Fire Company. In order to insure your application is ready for processing, please read this letter **thoroughly** and follow all directions. It is important for you to return the application in its entirety. If you do not complete all the application procedures, the application may be returned to you and delay your acceptance into JMVFC. The application requirements are as follows:

- 1. Fill out the application forms including your demographic information, training, employment history, references (complete addresses are required), legal history, and signatures.**
- 2. A copy of your driver's license or government issued photo ID will be needed at time of applying.**
- 3. If you have had previous Fire, EMS training or CPR, we will need copies of those cards or certificates.**
- 4. If you have belonged to another fire company(s) (within the last 5 years), a letter will be sent with the records release to the company, to see if you were (or are) a member in good standing.**
- 5. A record release form is required to be signed.**
* If you are a minor this does not apply to you.
- 6. A health physical is required.** A form is included in this packet for your Doctor/PCP to fill out.

When you are ready to submit your application, please contact a member of the membership committee to schedule your interview. They can be reached by email or phone.

Committee members

Liquori Stith Jr- 17720@HCVFA.ORG

Phone: 410-776-9659

Alexis Shuron- 17713@HCVFC.ORG

Phone: 410-652-1581

Please leave a message for them, we will return the call or email in a timely manner.

Printed Name of JMVFC Representative

Printed Name of Applicant

Signature of JMVFC Representative

Signature of Applicant

Date

Date



JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.
1403 OLD MOUNTAIN ROAD SOUTH
JOPPA, MARYLAND 21085
PHONE: 410-676-1055 FAX 410-679-3420

MEMBERSHIP APPLICATION

Type of Membership: (Circle One)

I am applying to be-

OPERATIONS / FIRE

ADMINISTRATIVE

(Please PRINT all information)

Full Name: _____

Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Length of time at this address: _____ Y/M

Home Phone: _____ Cell Phone: _____ Cell Phone Carrier: _____

*Do you have unlimited text messages: Y ___ N ___

Email: _____ Driver's License Number: _____

Driver's License Expiration: _____ Class: _____ State issued: _____

Beneficiary:

Name: _____ Relationship: _____

Your Marital Status: Single Married Divorced Widowed

Spouse's Name: _____ Date of Birth: _____

Criminal Record: If needed attach additional sheet

Since the age of 18, have you ever been charged or convicted of a crime other than a minor traffic violation?

Yes: ___ No: ___ If YES, please explain in detail: _____

Do you have a valid Driver's License: Yes: ___ NO: ___ If No please explain: _____

Has Your Driver's License ever been suspended? Yes: ___ No: ___ If yes please explain: _____

References: Please put down at least 3 people not related to you, who have known at least three years

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Education:

Highest level of Education: 9 10 11 12 GED 13 14 15 16 17+

High School: _____

College: _____

Major: _____

Other: _____

Military Service: Branch/Rank: (If discharged provide a copy of DD214) _____

Dates of Military Service: From _____ To _____ Present Member in Nation Guard or Reserves: _____

Were you discharged honorably: Yes: _____ No: _____ If No please explain: _____

EMPLOYMENT: (PAST FIVE YEARS) attach additional pages if needed

Business Name: _____

Phone Number: _____

Contact Name: _____

Date of Employment: _____

Business Name: _____

Phone Number: _____

Contact Name: _____

Date of Employment: _____

Have you applied with this Department before? Yes _____ No _____ If yes When? _____

Have you been or are you currently a member of another Fire Department, Rescue, or Ambulance Service?

Yes: _____ No: _____

If Yes name of Department: _____

Attach additional pages if needed

Dates of Membership: From _____ To _____

Training- Attach additional pages if needed

Do you currently have any emergency training? Yes _____ No _____

If Yes, list your current training: _____

Attach additional page if needed.

Do you currently hold a card in: CPR _____ First Aid _____ EMR _____ EMT-B _____ CRT _____ EMT-P _____

None of the above _____

Other Fire or EMS Training? _____

Please include copies and/or transcripts of all certifications with this application

In Case of Emergency, who should we notify?

Name/Relationship: _____

Address: _____

Phone: Cell _____ Work _____ Home _____

Name/Relationship: _____

Address: _____

Phone: Cell _____ Work _____ Home _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I hereby authorize the JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc. to investigate all statements contained in this application. To the best of my knowledge all statements and answers which I have given are true, accurate, and correct. I understand that misrepresentation or omission of facts will result in nullification of the application or subsequent membership based upon its contents.

Signature: _____ Date: _____



JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.
AUTHORIZATION FOR RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECKS

Applicant:

Thank you for applying for membership with the JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc. As you are aware, the application process has several steps, many of which you have already completed. One step is a criminal background check through the Criminal Justice Information System (CJIS) via the VFIS IntelliCorp. Since the background check may take up to 60 days to complete, we have made provisions within the Joppa-Magnolia Vol. Fire Company, Inc. to proceed with the processing of your application before the background check is returned to us.

In order for this to happen, we request you sign this form below. By signing this form, you agree to the following terms:

1. That you have not in any way withheld any information of any kind concerning any past or pending criminal violations. This pertains to all violations regardless of in which State or County the violation occurred.
2. You FULLY understand that if your background check determines that there is a criminal charge or conviction on your record or a conviction pending; that the Joppa-Magnolia Vol. Fire Company Inc. may at its sole discretion, IMMEDIATELY terminate your application or membership in our Department.
3. You have been made fully aware of all of the above conditions and any questions that you may have had have been answered by our personnel, before you signed this form.

Furthermore by signing this form, you FULLY agree to all the terms stated within.

Printed Name of JMVFC Representative

Printed Name of Applicant

Signature of JMVFC Representative

Signature of Applicant

Date

Date

THIS FORM IS TO BE SIGNED DURING THE MEMBERSHIP INTERVIEW PROCESS

JOPPA-MAGNOLIA VOLUNTEER FIRE COMPANY, Inc.

1403 OLD MOUNTAIN ROAD SOUTH

JOPPA, MARYLAND 21085

PHONE: 410-679-1055 FAX: 410-679-3420

TO: Physician

RE: Physical Evaluation of Applicant

Applicant Name: _____ Date: _____

The above named individual has applied to Joppa-Magnolia Volunteer Fire Company (JMVFC) for active membership as a firefighter and/or Emergency Medical Services (EMS) provider.

Any person classified as a firefighter, regardless of their present job assignment, must be able to perform fire suppression duties in order to be considered for full duty. Firefighters are responsible for performing in an environment that may expose them to extreme heat, toxic products of combustion, and hazardous materials. They also may be required to lift; operate heavy machinery; carry, raise, and climb ladders up to 110 feet tall; drive fire apparatus under emergency conditions; and assist with emergency medical services, such as lift and carry patients weighing in excess of 150 lbs. as a part of a two man team. Studies have shown that firefighter may experience a heart rate of 85 – 100% of their maximum capacity and that this level may be sustained for long periods of time.

The duties of an EMS provider require them to respond to medical, fire and hazardous material emergencies and use lifesaving skills under extremely stressful conditions. As a result, they may be exposed to infectious disease, toxic products of combustion, hazardous vapors, temperature extremes, and a sustained level of stress. Their duties also include lifting, moving and carrying patients in excess of 150 lbs. and equipment in excess of 50 lbs.

My signature indicates that the above-named applicant has no medical contraindications to becoming a firefighter and/or EMS provider.

Printed name of Physician: _____

Address of Physician: _____

Phone number of Physician: _____

Physician's Signature: _____

Please Note: NFPA Standards Code 1582 can be found and viewed online at NFPA.ORG

JMVFC Beneficiary Form

The Joppa-Magnolia Volunteer Fire Company is protected with Group Insurance.

Please fill in the information below:

Date: _____

Primary Beneficiary: _____

Relationship to Beneficiary: _____

Address & Phone Number: _____

Contingent Beneficiary: _____

Relationship to Beneficiary: _____

Address & Phone Number: _____

Member's Date of Birth: _____

Member's Name: _____

Member's Signature: _____

Witness Name: _____

Witness Signature: _____



**HARFORD COUNTY, MARYLAND
VOLUNTEER FIREMAN PENSION-LENGTH OF SERVICE AWARD
PROGRAM (LOSAP)
MEMBER ENROLLMENT/UPDATE FORM**

Please complete the following form, making any corrections necessary, and return to Harford County, Department of the Treasury; Attn: LOSAP; 220 S. main Street; Bel Air, MD 21014.

Fire Company: Joppa-Magnolia Volunteer Fire Company

Member (Full Legal Name): _____

- If you have previously enrolled in LOSAP under a different name, please list here _____

Member ID # _____ Date of Enrollment: _____

Member Status, please check one:

<input type="checkbox"/>	Active-New	<input type="checkbox"/>	Active-Secondary	<input type="checkbox"/>	*Transfer-Primary
<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Marital Status Change	<input type="checkbox"/>	Address Change

Are you or have you previously been a member of another Harford County VFC? If so, please list name of company(ies): _____

Birth Date _____ Social Security Number: XXX-XX-____

Address: _____

Marital Status (Circle one): Single Married Divorced Widowed

Spouse's Legal Name: _____

Spouse's Social Security No. : XXX-XX-____ Spouse's Birth Date: _____

Signature of Member: _____ (REQUIRED)

LOSAP Liaison: _____ Company: _____ Date: _____

- **Primary company transfers require signatures by both company liaisons.**

LOSAP Liaison: _____ Company: _____ Date: _____

