



FIRST HAGERSTOWN HOSE CO. INC.



Application for Membership

Dear Applicant,

Thank you for expressing interest in obtaining membership into the First Hagerstown Hose Company, Inc. You have taken the first step by requesting this application. Please review it carefully.

The members of the First Hagerstown Hose Company are very proud of our organization and its history. Our members strive to be a highly trained team, capable of providing our community and surrounding communities with the finest fire and rescue services available.

There are some basic requirements to become an active firefighter with our team. Training is a top priority. All personnel, especially new members, should participate in the weekly training nights as well as classes offered by various training facilities throughout the area. These classes are all free of charge and available year round. All training dates are posted in advance of a class so that you may contact the Training Officer if you are interested in participating in a course.

When you become a member of our team, you will make friends and develop relationships that will last a long time. However, this organization is not a social club. We hope that if you apply for membership, you will be a dedicated, hardworking member of our team.

Please fill out the attached application to the best of your ability. Please answer all questions as completely and accurately as possible. Your references may be contacted and a background check may be conducted. There is a small fee of \$5.00 to obtain the application. After that, there are no fees for membership.

Upon receipt of your application, your application will be read at the next Regular Membership Meeting. You will then be contacted to interview with the Membership Committee. During this interview, you will be asked a series of questions and given the opportunity to ask any questions that you may have about the organization, expectations, training, ETC. The results will then be discussed at the Regular Membership meeting. Your application will be voted on. The entire process usually takes about 60 days.

We sincerely hope you fill out this application and obtain membership into the First Hagerstown Hose Company, Inc. The community is always in need of dedicated individuals who are willing to serve.

Thank you,

The First Hagerstown Hose Company Inc.

Application for Membership

Please complete the application in your own handwriting. References may be contacted and a background check performed.

Date _____ Age _____ Date of Birth _____

Full Name _____ S.S.N. _____

Address _____

Phone Numbers (Home) _____

(Cell) _____

Drivers License Number _____ Class _____

Emergency contact person _____ Phone _____

Employer _____ Phone _____

Job Title _____ Nature of Work _____

Do you or have you ever belonged to a fire/rescue organization? _____

- ♦ If so, please list names of organizations, dates of membership and contact person on of page 3.

Have you ever been convicted of a crime? _____

- ♦ If so, please explain on of page 3.

Do you have any training relevant to firefighting or rescue? _____

- ♦ If so, list training, completion dates and re-certification dates on the back of page 2.

Please list 3 references that you have known for at least 1 year and are not related to you.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Application for Membership (continued.)

Type of membership you are interested in?

Firefighter ____ / Social Member ____ / Special Probationary Member ____

If you are applying to become an active firefighter, do you have any physical impairments or limitations that may affect your performance in the line of duty?

- ◆ If so, please list them on the back of this page.

All applicants under the age of eighteen (18) must have the signature of a parent or guardian.

Parent / Guardian _____ Date _____

Relationship _____

I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and beliefs are made in good faith. I understand that a knowing willful false statement on this application can result in revocation of my membership

Applicant Signature _____ Date _____

COMPANY USE ONLY:

Background check performed: Yes / No

- ◆ If no, give reason _____

Comments:

Membership Committee:

Accept _____ Reject _____ Date _____

General Membership:

Accept _____ Reject _____ Date _____

