



**Walkersville Volunteer
Rescue Company, Inc.
Co.24**

Membership Application



Walkersville Volunteer Rescue Co., Inc.
P.O. Box 202, WALKERSVILLE, MD 21793-0202
P: 301-845-8875 ~ F: 301-845-5068 ~ I: www.wvrc24.com

We are delighted that you are interested in becoming a member of the Walkersville Volunteer Rescue Company, Inc. (WVRC). The WVRC was established in 1977 by a forward-thinking group of members of the Walkersville Volunteer Fire Company, and committed members of the Walkersville community, who recognized the impending growth of our community and the need for an organization that was dedicated to life, safety and rescue. We look forward to your becoming a part of this dedicated effort to support your family, neighbors and community.

Please Review the Following Information

Read the description for each of the following types of memberships that we offer. Choose the one that best suits your situation or needs. Complete the appropriate application using blue or black ink. If more space is needed, please attach a secondary sheet to this application. Failure to follow any of these instructions or provide all information requested could delay the processing of your application.

General Membership Eligibility Requirements

The membership shall consist of members who live or work in Frederick County, Maryland, at the time of application for membership.

Application Notes

- All information in this application process, either written or verbal (including social security number), is in confidence and will not be released to any other person or organization, except where required by law, for the purpose of documentation, background checks, or other reason as may be disclosed at the time of membership interview.
- This information provided in this application or as may be disclosed and documented by the Interviewer, is required to be maintained by the WVRC for a period of one-year in the event that you decline or are denied membership opportunity.
- An applicant is required to be interviewed by the Membership/Recruitment & Retention Committee, or other designated representative of the WVRC, prior to being presented to the company membership for approval.
- Once an applicant is accepted into membership, all applicants are subject to a six month probationary period before being voted into full membership.
- Upon acceptance as a new member, you will be provided, or have accessibility to, the WVRC Constitution & By-laws, House & Grounds rules, Standard Operation Procedures and other such documentation as may be deemed appropriate.
- All applicants will be required to have a background check.
- Any applicant seeking to become an Emergency Service Provider will be required to obtain an occupational physical exam as provided by the Frederick County office of OSHA/DFRS



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Membership Types (Please check the one that you are applying for):

___ **Active Provider:** A person who is eighteen (18) years of age or older. A person who participates in the operations of this organization as set forth by the Board of Directors and the Company's operating rules and procedures (SOP's). This person will actively participate in training, emergency operations and fund raising activities on a regular basis. These members must complete the minimum required training as outlined in the SOP manual, within one year of the election to membership, and will have to fulfill any and all guidelines as set forth by the County and State.

___ **Administrative:** any person, who does not wish to provide direct EMS/Rescue service to community, yet wishes to volunteer their services by actively participating in company administration through elected offices and/or committees. This person will be expected to participate in fund raising activities, which support the general mission of the WVRC. This membership is non-operational (as set forth by the SOP's).

___ **Junior Member:** Any person sixteen to eighteen years of age, who desires to become a senior member. These members must participate in regular training, emergency operations, and fund raising activities. Upon their eighteenth birthday they must apply for senior membership. This member must complete the minimum required training, as outlined in the SOP manual, within one year of their election to Senior Membership.

___ **Social Member:** Any person who wishes to be associated with and be part of the WVRC, yet is unable (physically or due to other commitment) to actively participate in the Memberships categories referenced above. These members may be called upon to be part of various committees, activities or fundraisers, which may be in part, due to work or life-experiences that you express on your attached application.

Note: The failure to acquire the minimum training requirements for Active and Junior membership could result in dismissal of membership with the Walkersville Volunteer Rescue Company, or moved to other membership status.

Signature of Applicant

Date

It is the responsibility of the applicant to provide, along with this application:

1. The sum of initial/new member dues of \$20 (Application fee: \$10.00 + annual due: \$10.00)
2. Copies of all fire/rescue/medical related training documentation (if any).
3. Copies of all license and certification cards to be considered in the evaluation for membership.
4. Copy of your driver's license.



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PLEASE PRINT CLEARLY

Date of Application

Social Security Number

MR MRS MRS
(Circle one- optional)

First Name

MI

Last Name

Street Address

City/Town

State

Zip Code

Home Phone (required)

Work Phone (optional)

Cell Phone (optional)

Email Address (optional)

What is the best way to contact you? _____

Employer/School

Occupation

Employer/ School Address

City/Town

State

Zip Code

Phone

Employer/School Fax Phone

Work E-mail Address (opt.)

Employer/School

Driver's License Number

State

Restricted? [Yes] [No]

How?

**YOU WILL BE REQUIRED TO PROVIDE YOUR CURRENT DRIVER'S LICENSE
OR OTHER FORM OF IDENTIFICATION AT THE TIME OF INTERVIEW PROCESS**

Level of Education: _____ Graduate? [YES] [NO] College: _____ Graduate? [YES] [NO]
Year's High School Years of College

Field of Education

Other Formal Education/Training

**Please provide any other education or training information you have which may be beneficial to
this organization (i.e. typing, bookkeeping, mechanical, etc.):** _____



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Have you ever been convicted of a crime? [YES] [NO] If [YES], please identify:

Date	Offense	Outcome
------	---------	---------

Date	Offense	Outcome
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(Use the back of application if additional space is required)

At such time that your position or responsibility with the WVRC requires or
Involves the operation of emergency vehicles, your driving record will be required

**Your driving record or the conviction of any crimes,
will not be a sole determining factor in the acceptance or rejection to membership**

Have you ever been a member of another fire, rescue or ambulance service? [YES] [NO] If YES:

Where	In what capacity and duties
-------	-----------------------------

Do you have any other health, medical, rescue or other specialized training? [YES] [NO] If YES:

Where	What-please describe
-------	----------------------

Please attach copies of any certifications or other documentation

Please provide three (3) personal references that we may contact:

Name	Phone	Relationship/How you know
------	-------	---------------------------

Name	Phone	Relationship/How you know
------	-------	---------------------------

Name	Phone	Relationship/How you know
------	-------	---------------------------

In a few words, please state why you want to become a member/volunteer of the
WVRC:



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In case of emergency, who should be contacted: _____

Relationship to you

Phone Number

OPTIONAL INFORMATION

(May be required upon acceptance into membership or training)

Date of Birth: ____/____/____
Mo. Day Year

Sex: [Male] [Female]

Married ("significant other"): [YES] [NO] Name: _____

Address (if different from your own): _____

All applicants will be considered for membership into this community organization. However, many duties and functions as an emergency responder requires certain physical and mental attributes that may be prescribed by Federal, State, County and local government entities.

Do you have any physical or mental limitations, disabilities, or other medical conditions which could hinder or prevent you from actively participating in the duties or functions of this organization for which you are applying? [YES] [NO]

If [YES], please describe: _____

(If [yes], you may be asked to provide a doctors authorization/release. Some medications or medical conditions may limit participation in certain duties, responsibilities or activities)

I certify that all information contained, herein, or provided in support of my application for membership, is true to the best of my knowledge, and agree that any misrepresentation, falsification or omission of facts may justify my denial of membership and/or dismissal. By signing this application, I authorize the WVRC to contact any individuals, employers or other parties, as may be required for background information and verification.

Applicant Signature: _____ Date: _____

Applicants between the ages of 16 to 18 must attach a current work permit. Junior members who are students must submit a copy of their most recent grade card with this application, and maintain a 2.0 GPA or better. Junior applicants just obtain the approval and signature of a parent or guardian.

Parent/Guardian signature: _____ Date: _____



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~THIS PAGE FOR USE BY MEMBERSHIP/RECRUITMENT COMMITTEE ONLY~

Application received by: _____ Date: _____

References contacted:

1) _____ Comments: _____

By: _____ Date: _____

2) _____ Comments: _____

By: _____ Date: _____

3) _____ Comments: _____

By: _____ Date: _____

Interviewed by: _____ Date: _____

Comments: _____

Membership Committee approval: [YES] [NO] If [NO], reason: _____

Level of membership: [ACTIVE] [ADMIN] [JUNIOR] [SOCIAL]

Date submitted to Membership: _____ Date anticipated probation ends: _____

Membership card and info packet given to new member: _____ By: _____

NOTES: _____