

Level of Education _____ College and/or Special training, list:

Are there any physical or disabilities or other major medical problems which would prevent you from actively participating in this company?

Yes ___ No ___ If yes, describe _____

Married? Yes No Spouse's Name and Address _____

Part II

Have you ever been convicted of a crime, including minor traffic offenses?
___ Yes ___ No If yes, date of conviction _____ Court/place of conviction _____ Offense convicted of: _____

(Your driving record and/or a conviction will not necessarily bar you from membership.)

Have you ever been a volunteer for another fire, rescue, or ambulance company?
Yes No If Yes, in what capacity did you serve and why did you leave?

Do you have any other medical or health-related training from work or prior experience? Yes No If yes, please provide a brief detail:

Would you be interested in any medical training (first aid, CPR, Emergency Medical Technician), rescue, or any other courses which may be available?
Yes No

Do you have any other special training and/or abilities which may be beneficial to the Guardian Hose Company? Yes No If yes, what?

Part III

In the event of an emergency, who should be contacted?

Name _____ Phone: _____

Relationship _____

Please provide two personal references:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

I authorize my past and present employers, schools, organizations, or persons named above to give any information regarding my application, whether it is documented on this application or not, other than information as may be considered confidential. By signing this application, **I AUTHORIZE THE GUARDIAN HOSE COMPANY TO PERFORM A BACKGROUND CHECK**, if so required. I certify that all the information and statements made by myself on this application are true to the best of my knowledge, and I agree that any misrepresentation, falsification, or omission of facts, shall justify refusal for membership and/or dismissal.

Applicant's Signature _____ Date _____

- An applicant is required to be interviewed by the Membership Committee prior to being presented to the company membership.
- Once the applicant is accepted and approved by the company membership, all applicants are subject to a six (6)-month probationary period before being voted into full membership.
- Upon acceptance as a probationary member, you are responsible for reading the *Guardian Hose Company Standard Operating Guidelines* and *By-Laws* which are contained in your new member packet.
- The Guardian Hose Company does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or in the provision of services.
- Certain information is optional at the time of application but will be required upon acceptance.

Applicants aged 16 and 17 must attach a copy of their most recent grade card with this application. All students are required to maintain a Grade Point Average of 2.0 or better, or as may be set forth in the guidelines for membership. Applicants under age 18 must obtain the signature of their parent or guardian before this application will be considered.

Parent/Guardian Signature: _____ Relationship _____

PLEASE REVIEW THE FOLLOWING INFORMATION: Read each of the following types of memberships and choose the one that best suits your situation or needs. Please use blue or black ink in filling out all information on the application.

General Membership Eligibility Requirements: The membership shall consist of members who live within two miles of Thurmont or work in Thurmont, Frederick County, Maryland.

Membership Categories (choose one):

_____ **Active Emergency Operation:** A member who participates in the operation of this organization as set forth by the Officers and Company Standard Operating Guidelines (SOG). Examples include: running emergency calls, participating in fundraisers, or assisting in the administration of the company and holding office. Certain requirements and standards are prescribed in the By-Laws and the SOG's. A face piece fit test and physical are required. There is no cost and the form is available from the department.

_____ **Active Administrative:** A member who participates in the non-emergency side of this organization. Examples include: assisting in administration of the company, participating in fundraisers, and holding administrative office.

_____ **Social:** A member who does not participate in the operations of this organization as set forth by the Board of Directors and the company Standard Operating Guidelines (SOG). Social members are encouraged to attend company meetings, assist with fundraising, and participate in social gatherings.

The failure to acquire certain requirements for Active Emergency Operation member status could result in dismissal of membership or the downgrading of a member to active administrative or social status.

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

1. A \$10.00 application fee, which also covers the current year's dues.
2. Copies of all fire/rescue/medical related training documentation.
3. Copies of all licensure and certification cards to be considered in the membership evaluation.
4. A copy of your driver's license.
5. A letter from the Chief or President of your current department if applicable.

Signature of Applicant

Date

Applicant's Printed Name _____

FOR MEMBERSHIP COMMITTEE USE ONLY

NOTES:



Application dues received on _____ by whom _____

Reviewed by Membership Committee on _____

By whom _____

Review approved: Yes No If no, state reason _____

Presented to general membership on _____ Approved: Yes No

Probation up on: _____ Extended until _____

Physical obtained on _____

Face piece fit test obtained on _____

Entered into Membership Database on _____ by _____

Membership card issued on _____ by _____

Member ID Number Assigned: _____