

Arnold Volunteer Fire Department

1505-Ritchie Highway - Arnold, Maryland 21012
(410)757-5942

Full Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Membership Interest: _____ OPERATIONS (FIRE/EMS)

_____ ADMINISTRATIVE

Special Skills/Education/Fire – EMS Training:

Emergency Notification:

Name of Person: _____ Phone: _____

Relationship: _____ Mobile/Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

If under 18 Years of Age, Signature of Parent or Guardian:

Printed Name: _____

Signature: _____ Date: _____

I _____ promise to obey the rules & regulations of the
Arnold Volunteer Fire Department:

Signature: _____ Date: _____

Proposed by: _____ Date: _____

(Completed by Company Officials)

Investigation Sent out on: _____ by _____

Board Approval: (circle one) APPROVED / DISAPPROVED Date: _____

Letter Sent out by: _____ Date: _____

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Additional Information

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____ Class: _____

Have you ever applied to the Department before: YES / NO

➤ If YES, date: _____

Have you ever served in another fire department? YES / NO

➤ If YES, please provide Company name, dates & position(s) held:

----- MEMBERSHIP CHECKLIST (internal use only)-----

Membership Application: Completed / Not Completed

Fire Marshall Form: Completed / Not Completed Submitted: YES / NO

Date Submitted: _____ Initials: _____

New Member Packet Distributed: YES / NO

Operations Packet Completed: YES / NO

Chief Signatures: YES / NO

Forwarded to HQ: YES / NO

Date Submitted: _____

E-mail added to List Server: YES / NO

Supplemental Contact Information:

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Additional Notes/Follow-Up:

