



# MOUNT AIRY VOLUNTEER FIRE COMPANY, INC.

702 NORTH MAIN ST. • MOUNT AIRY, MARYLAND 21771

**BUSINESS PHONES**

**301-829-0100 • 301-831-7454 • 410-795-8055**

**FAX LINE**

**301-829-2353**

**EMERGENCY PHONE**

**911**



Dear Applicant,

Thank you for your interest in becoming a volunteer with the Mount Airy Volunteer Fire Company. Attached you will find the membership application packet. Please be sure to complete your application in its entirety before submitting. **Failure to complete the application or include all necessary materials will prolong the application process.** Before submitting your application, please review to ensure that you have included the following items:

- Completed Application
- Four (4) listed references, including complete mailing addresses
- Reference Check Release Form
- Training Records (if applicable)
- **Application Fee of \$25.00**

Once received, your application will be reviewed by the Membership Committee, reference letters sent to the references that you provide, and a background check performed. After all required information is gathered; the company membership reviews the information and makes the final determination to accept into membership. The entire process generally takes between 4-8 weeks, depending upon the time elapsed to receive materials back. (Notifying your listed references that they will be contacted typically speeds up the process!) You will be notified via mail on the disposition of your application.

If you have any further questions, please do not hesitate to contact me at (301) 829-0100 ext 362 or e-mail at [malexander@mavfc.org](mailto:malexander@mavfc.org).

*Sincerely,*

*Mary Alexander  
Financial Secretary  
Mount Airy Volunteer Fire Company*

*Modified 03/30/2021*



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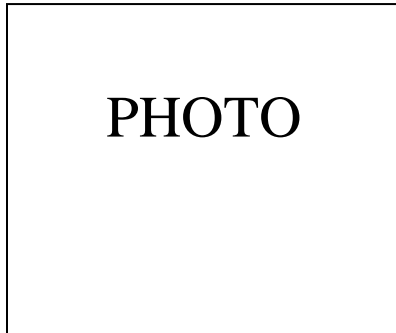
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## APPLICATION FOR MEMBERSHIP

PLEASE TYPE OR PRINT CLEARLY



First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License State of Issue: \_\_\_\_\_ exp date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Are you or have you ever been a member of a fire company? Yes \_\_\_\_ No \_\_\_\_

If so, Name of Fire Company: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list **ALL** Fire Company related training and certifications on a separate page. Please attach copies of certificates, if possible.

Membership Status Preferred: Active \_\_\_\_ Associate \_\_\_\_

If Active, indicate interest: Firefighting \_\_\_\_ Rescue \_\_\_\_ EMS \_\_\_\_ Fundraising \_\_\_\_ Administrative \_\_\_\_

If accepted as a member you will receive a MAVFC t-shirt. Circle shirt size: S M L XL XXL0012984

List Four Personal References Including **Complete** Address  
(Excluding Relatives and no more than two MAVFC members)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email : \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to, or received a probation before judgment for, a criminal offense other than a minor traffic offense (i.e., a traffic offense for which you were not required to attend a trial)? **Yes or No.** Are any felony charges now pending against you? **Yes or No.** If the answer to either question is yes, give detailed information on a separate page including the nature of the offense, location of the trial court, disposition of the trial court if any, date of trial, sentence or verdict, terms of sentence or probation, etc. NOTE: Providing false information will be grounds for dismissal from membership.

**Please list any family members or friends who are members of the MAVFC:**

\_\_\_\_\_

**Please list any allergies or health problems:**

\_\_\_\_\_

**Why did you decide to apply at MAVFC and why do you think you will be a good member?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: We MUST receive replies from at least 2 of your references before we can vote on your membership. A fee of \$25.00 must accompany this application.**

Name and phone number(s) of person to be notified in case of an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**All application information is maintained in strict confidence except to the extent that it must be shared with members of the Mount Airy Volunteer Fire Company, Inc. for determining the applicant's qualifications for membership.**

I understand that The Mount Airy Volunteer Fire Company Membership Committee will perform a background check before my application for membership is voted upon. I understand that this application will be investigated and any inaccurate, untruthful, or misleading statements or answers may be sufficient cause for termination.

I authorize The Mount Airy Volunteer Fire Company to obtain information about me from my employer, other fire companies, state agencies, and my references. All information that I have provided is true and correct to the best of my knowledge and ability.

Please contact Mary Alexander at (301) 829-3192 ext. 362 or via e-mail at [malexander@mavfc.org](mailto:malexander@mavfc.org) if there are any problems, questions, or concerns.

**The Mount Airy Volunteer Fire Company, Inc. is firmly committed to creating equal employment and membership opportunities for all persons and maintains all of its policies, practices, and procedures in strict compliance with all federal, state, and local civil rights law and regulations.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mount Airy Volunteer Fire Company Sponsor's Name: \_\_\_\_\_



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To Whom It May Concern:

I, \_\_\_\_\_ do hereby authorize The Mount Airy Volunteer Fire Company, Inc. to check four (4) references that I have supplied to them and authorize on the Reference Check Information Sheet. In the event of circumstances beyond the control of the Mount Airy Volunteer Fire Company, Inc. and myself, I must supply the organization with a name or names not presently submitted for reference. I will provide those name(s) verbally and the placing of my signature on this form authorizes them to check these additional references also.

In addition, if I have been a member of another organization similar in nature to this one, I hereby authorize them to obtain references from the former organization

**All application information is maintained in strict confidence except to the extent that it must be shared with members of the Mount Airy Volunteer Fire Company, Inc. for determining the applicant's qualifications for membership.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If applicant is under 18 years of age)

\_\_\_\_\_  
Date

Witnessed By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# General Training Requirements for Riding Fire/Ems Apparatus

**General Orientation at stations required for ALL members. 1 ½ hours (in house)**

The following courses are required for riding fire apparatus:

Firefighter I	108 hours
CPR	6 hours (in house)
Protective Envelope and Foam	9 hours
Hazardous Material Operations*	24 hours
Infectious Disease Control*	2 hours (in house)
Fire Pre-Basic Orientation	12 hours (in house)

The following courses are required for rescue. In addition to the above courses, you need:

Rescue Technician-Site Operations	27 hours
Rescue Technician-Vehicle and Machinery Extrication	27 hours
Recue Pre-Basic Orientation	12 hours (in house)

The following courses are required for EMS:

First Responder	45 hours
OR	
Emergency Medical Technician-Basic	165 hours
Protective Envelope and Foam	9 hours
Hazardous Material Operations*	24 hours
Infectious Disease Control*	2 hours (in house)
EMS Pre-Basic Orientation	3 hours (in house)
CPR	6 hours (in house)

\*These are required to be recertified each year to continue to ride the apparatus. All of these courses are given in **January** during the regular company drills in the station.