

URBANA VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.

Application for Membership

Check membership classification desired: ___ Active ___ Associate ___ Junior ___ Administrative

Please fill out both sides of this form completely and legibly. Failure to provide all information requested may delay the application process. If you have any questions, please call the UVFD at 301-831-1155 or 301-663-3822 ext 203.

PERSONAL INFORMATION

NAME: Last			First	Middle	DATE OF BIRTH		AGE	
ADDRESS: Number & Street					CITY		STATE	ZIPCODE
HOME PHONE		WORK PHONE			CELL OR OTHER PHONE		E-MAIL ADDRESS	
EMPLOYER AND OCCUPATION					SUPERVISOR			
SOCIAL SECURITY NUMBER			MARITAL STATUS			MAIDEN NAME (if applicable)		
PLACE OF BIRTH		U.S. CITIZEN?		IF NOT A CITIZEN, LEGAL RESIDENT?		HOW DID YOU HEAR ABOUT UVFD?		
EDUCATION High school Diploma? YES ___ NO ___			COLLEGE Degree? _____			SPECIAL SKILLS OR TRADES		
PERSON TO CONTACT IN CASE OF EMERGENCY			CONTACT'S RELATIONSHIP TO YOU			CONTACT'S PHONE NUMBER(S) 1. 2.		
CONTACT'S ADDRESS								

FIREFIGHTER/EMT TRAINING

ENTER BELOW ALL FIREFIGHTER, EMT, PARAMEDIC OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)

Type of certification	Date received	Expiration date	Jurisdiction in which received	Additional remarks

DRIVING RECORD

Check here if you do not hold a valid driver's license _____

MARYLAND DRIVER'S LICENSE NUMBER (Indicate if you hold an out-of-state license)		OTHER PERMITS YOU HOLD	CURRENT # OF POINTS (if any)
CLASS OF PERMIT		RESTRICTIONS	Has your permit ever been revoked? If yes, explain.

PERSONAL REFERENCES

The UVFD Membership Committee Chairman will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your Fire Service experience, character, etc. **PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES.**

NAME	ADDRESS AND PHONE NUMBER	RELATIONSHIP TO APPLICANT

GENERAL INFORMATION

Have you ever been convicted of a crime? Explain.	YES	NO
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Have you ever been an applicant or member UVFD or <u>any</u> other fire dept. or rescue squad? If yes, please provide information below. Use an extra page if necessary.			YES	NO
NAME OF DEPARTMENT	ADDRESS	CHIEF/PRESIDENT	DATES OF SERVICE	

SPECIAL SKILLS OR TALENTS
In the space below – list any special skills or talents you may have beneficial to Urbana Fire and Rescue Department, Inc.

SHORT ESSAY
In the space below – or on a separate sheet of paper – please indicate why you wish to join the Urbana Volunteer Fire & Rescue Department, Inc.

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department. I authorize Urbana Volunteer Fire & Rescue Department, Inc. (UVFD) representatives to contact by telephone or personal interview or in writing the persons listed as references on this application and to confidentially gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for probationary membership by UVFD, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the references contacted and UVFD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

Parental Signature (if under 18 years of age)

Date of Parental Signature

FOR INTERNAL USE ONLY

NAME	DATE CALLED	TIME CALLED	INTERVIEW DATE	DUES PAID? CK/CASH

**URBANA VOLUNTEER FIRE DEPARTMENT, INC. AND URBANA
VOLUNTEER RESCUE SQUAD, INC.**

3602 URBANA PIKE, URBANA, MARYLAND 21704

NON-HARASSMENT POLICY

POLICY:

The Urbana Volunteer fire department and rescue Squad is committed to providing all volunteer members with a company that is safe, comfortable, and free from harassment. The Company will not tolerate harassment of any type. Harassment is offensive, unwelcome physical or verbal behavior. It can include comments or conduct related to a person's race, color, national origin, religion, sex, sexual orientation, age disability or veteran status. Sexual harassment, which is unwelcome sexual advances and other sexual behavior, is also prohibited.

PROCEDURES:

1. The company is opposed to and prohibits harassment of any member at the fire department by another member of the fire department. Every attempt must be made to halt any harassment of which the Board of Directors is aware by first calling attention to this policy and then by taking more direct corrective action as necessary.
2. All Board of directors is responsible for creating a hostile-free fire department and enforcing this policy.
3. The Company's Non-Harassment Policy must be posted on the bulletin board in the engine room at all times.
4. Any member who is subjected to harassment should report all such incidents directly to the President of the Fire Department or any member of the Board of directors. The member will be informed that the informations can be kept **CONFIDENTIAL**, and that there will be no reprisal or retaliation taken against persons who raise concerns about harassment. The member will also be informed that an investigation of the alleged harassment will be conducted and that, if warranted, appropriate corrective action will be taken. However, no disciplinary action will be taken without a thorough investigation of the facts, which should include a written statement from the member describing the offensive or unwelcome behavior.
5. Based on the facts obtained, disciplinary action will be taken on a case-by-case basis with potential for immediate dismissal of the appropriate member.

I HAVE READ THE ABOVE NON-HARASSMENT POLICY, UNDERSTAND THE POLICY, AND AGREE TO ABIDE BY THIS POLICY

Signed: _____

Date: _____