

Dear Applicant:

Bowleys Quarters Volunteer Fire Department 900 Bowleys Quarters Road, Baltimore, MD 21220 410 887-5771 <u>membership@bqvolunteers.org</u>



Thank you for considering membership in the **Bowleys Quarters Volunteer Fire Department**. Below you will find a list detailing the process that you will need to follow in order to become a member.

In order for your application to be processed quickly and efficiently, please complete all materials in blue or black ink. The application may also be completed and printed electronically (available on our website: *bqvolunteers.org*). Answer all questions completely to the best of your ability, and indicate any that do not apply to you by marking "N/A". **Please type or write legibly. Incomplete or partial application packets may not be accepted.** 

If you have any questions regarding the commitment/self-preparedness required to be a successful member of Bowleys Quarters VFD, contact the Recruitment and Retention committee (phone number below) prior to submitting your application. Please allow 30 days for processing. Prospective members are typically interviewed within the last two weeks of the month. We will contact you by phone to schedule this interview. Applications received less than two weeks before the end of the month will be deferred to the following month.

Please be sure to include all of the following:

- 1. A complete and legible membership application.
- 2. A check or money order in the amount of 48.50 (this is an application processing fee)<sup>1</sup>.
- 3. The attached release form, giving us permission to run a criminal background check. As an emergency service organization, we are generally not able to consider applicants with significant criminal history. Failure to disclose criminal history in an application is grounds for a recommendation of rejection by the Recruitment and Retention Committee.
- 4. If you possess a driver's license, a CERTIFIED copy of your Driver Record is required. These are available from the MVA office of the state of issuance. Please be sure to obtain a CERTIFIED copy (as opposed to an uncertified copy). Please be sure the Driving Record reflects your current address.
- 5. A photo copy or your driver's license (if applicable) or a photo copy of a state or school ID.
- 6. Copies of any Fire or EMS-related certifications that you currently have.

A drug screening is also required prior to membership approval. Details will be provided at the applicant's interview. Upon receipt of the completed application and materials listed above, you will be contacted by the Recruitment and Retention Committee to schedule an interview. After your interview and a favorable result on your drug screening and background check, the Recruitment and Retention Committee will make a recommendation to the General Body of Bowleys Quarters VFD. The company will then vote on your application at the regular business meeting, which is typically held the second Wednesday of each month. Prospective members are not allowed to attend the meeting in which their application will be voted on. If your application is approved by the General Body of the company, you will begin a 6-month period as a probationary member of the company. Again, details of this probationary period, as well as expectations will be discussed at your interview. If you have any questions regarding the application material or procedure please contact BQVFD Recruitment and Retention Chair, Paul J Cusic at 410 887-5771.

Thank you again for considering the Bowleys Quarters VFD. We look forward to working with you in service to the community of Bowleys Quarters and Vicinity, and the citizens of Baltimore County.

Sincerest Thanks, Bowleys Quarters VFD Recruitment and Retention Committee

<sup>&</sup>lt;sup>1</sup> Fee is subject to change based on cost of drug test.

# **BOWLELYS QUARTERS VOLUNTEER FIRE DEPARTMENT**

## **RECRUITMENT AND RETENTION COMMITTEE**

Application	for Membership		Active		As	sociate	
	ase print all answers carefully to provide more complete inf		ully in either b	lack of	r blue ink.	You may atta	ch additional sheets of paper if
<b>Personal Infor</b>	mation				Date of	Applicatio	n:
Las	t Name		First Na	me			Middle Name
Current Street A	Address:						
County		State		Zip			
How long at cu	rrent address:			(If le	ess than 2	e years, give	e previous address.)
Previous Street	Address:						
County		State		Zip			-
Date of Birth:			Place of Bi	rth:			
Social Security	Number:				Are you	a U.S. Citiz	zen:
Email Address:					Marti	al Status:	
Telephone(s)	Home:		Work:				
	Cell:		Other:				
Driver's Licen	se Information						
Driver License	Number:				State:		Class:
Expiration Date	2:	Current	Points:			Pending Po	ints:
Has your drivin	ng privilege ever been su	spended?			If	so, why?	

<b>Educational History</b>					
Name of High School:	Date of graduation:				
Name of College or Trade	Date of graduation:				
Major:	If you did not graduate, did you obtain a GED?				
Employment History					
Current Employer:	Occupation:				
Contact Person:	Contact Phone:				
Employer's Address:					
	State: Zip:				
Date Employed:					
Previous Employer:	Occupation:				
Contact Person:	Contact Phone:				
Employer's Address:					
	State: Zip:				
Date Employed:	Reason for leaving:				
Previous Employer:					
Contact Person:	Contact Phone:				
Employer's Address:					
County:					
Date Employed:	Reason for leaving:				

#### **Criminal Background Information**

Were you ever arrested or in the custody of any law enforcement ag crime or delinquent act? If so, please provide the per	
Have you ever been convicted of a criminal act or do you have crim pending against you? If so, please provide the pertinent information regarding the same:	inal charges
Fire and EMS Experience	
List all affiliations (e.g. paid employee, volunteer member) with any for the past 10 years.	y Fire/EMS/Rescue Company/Department
Company/Department:	Affiliation/Position:
Contact/Title:	Contact Phone:
Dates Reason for leaving:	
If Baltimore County Company/Department, Give LOSAP number:	
Company/Department:	Affiliation/Position:
Contact/Title:	Contact Phone:
Dates Reason for leaving:	
If Baltimore County Company/Department, Give LOSAP number:	

If necessary list additional affiliations on a separate page.

If you have any taken any classes or have any certifications or licenses please fill out the Current Certifications and Licenses.

### Statement of Application and Authorization

I, the undersigned, am applying to become a member of the Bowleys Quarters Volunteer Fire Department.

I, the undersigned, do promise to abide by all the By Laws and Rules and Regulation regulating the Bowleys Quarters Volunteer Fire Department, either in effect or to become effective by the vote of the membership.

I, the undersigned, understand that the Bowleys Quarters Volunteer Fire Department shall undertake an investigation into my background and that I will be required to appear before the Recruitment and Retention Committee of the Bowleys Quarters Volunteer Fire Department. Furthermore, if I am under the age of 18 at the time of application, my parent(s) or legal guardian(s) must also agree to this application.

I, the undersigned, understand that should my application for membership be accepted by the membership of the Bowleys Quarters Volunteer Fire Department, I shall be on a probationary period of at least 6 months. I understand at the end of my probationary period, I will be voted on by the Executive Board at the next meeting following my probationary period. I understand that the vote will determine my membership status.

I, the undersigned, understand that false, misleading, or incomplete statements to any part of this application, or forthcoming interview with the Recruitment and Retention Committee, constitutes perjury under the law, and that the detection of such falsity will result in immediate rejection of this application for membership or immediate dismissal from the Bowleys Quarters Volunteer Fire Department. I further certify that all of the answers to all of the questions on this application are true, complete, and correct to the best of my knowledge and ability.

I, the undersigned, enclose \$10.00 for an initiation fee, \$38.50 for drug testing (money order or check for \$48.50). I understand that the initiation fee and drug testing fee are non-refundable. I understand that upon acceptance in the Bowleys Quarters Volunteer Fire Department, that at the next regular meeting I must pay my dues for the year.

I, the undersigned, further enclose a certified copy of my driving record.

Please sign and print:

Applicant's Name (print)

Applicant Signature

Date

Parent/Guardian Name if under 18 (print)

Parent/Guardian Signature

### Current Certifications and Licenses

EMS Certifications	Date Issued	Expiration Date
CPR		
Bloodborne		
Emergency Medical Responder (1 <sup>st</sup>		
Responder		
Emergency Medical Technician (EMT-B)		
EMT – I		
EMT – P		
IV Technician		

Class	fessional Qualification IssDate TakenProqual		Class	Date Taken	Proqual
Aerial Operations		-	HazMat – Operations		
Emergency Vehicle Operator			HazMat – Technician		
Engine Company Operation			Pump Operator		
Fire Inspector I			Rescue Tech – Site Ops		
Fire Inspector II			Rescue Tech - VMR		
Fire Inspector III			RT – Confined Space		
Fire Instructor I			RT – Trench		
Fire Instructor II			RT – Structural Collapse		
Fire Officer I			RT – Rope		
Fire Officer II			RT- Swift Water		
Fire Officer III			RT - Swift Water Unit 1		
Fire Officer IV			RT – Swift Water Advance		
Firefighter I			Truck Company Operations		
Firefighter II			WMD Awareness		
HazMat – Awareness			MD Safe Boating		

Please have copies of all Certification/Licenses and classes

Notes: (addition space if needed)