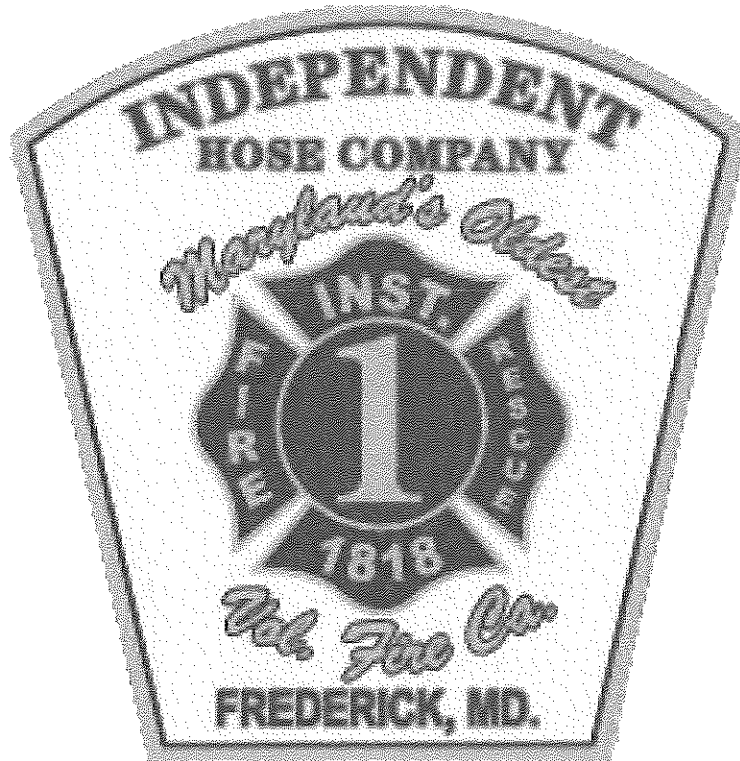


# Independent Hose Company No.1 Membership Application



310 Baughman's Lane  
Frederick, MD 21702  
301-600-1720

| Membership Committee Use Only |              |
|-------------------------------|--------------|
| Received on:                  | Received by: |
| Comments:                     |              |

## **Membership Type**

**Operational Member:** Any person 18 years or older who wishes to serve as fire suppression and/or EMS personnel and actively participates in training, emergency operations and fundraising activities on a regular basis. These members are required to meet minimum training standards and fundraising hours within 12 months of acceptance into probationary membership.

**Administrative Member:** Any person 18 years or older who wishes to participate in company fundraising functions and other activities of the company but does not wish to serve as fire suppression/EMS personnel. These members are required to meet minimum fundraising hours within 12 months of acceptance into probationary membership

**Cadet Member:** Any person 16-17 years old, with written consent of a parent/guardian, who wish to be an operational or administrative member.

All new members are classified as probationary members. Each probationary member must attend a mandatory orientation and will be on probation for a minimum of 1 year. If all probationary requirements are met after 1 year the member will be brought to the company's General Membership and a vote will be held whether to bring the member off probation and be given full membership. A member may at any time, in writing, request a change in status from Operational to Administrative or vice versa. Membership, and/or any other privileges of membership shall not be limited on the basis of race, color, creed, sex, age (other than previously stated), national origin, marital status, sexual orientation, political or religious opinion or orientation or affiliation, disabilities (except in cases where the disability or medical condition would preclude the individual from adequately or safely performing the tasks involved or required).

**Application: Please fill out all that applies**

**Type of membership applying for, select one:**

- Operational
  - Firefighter
  - EMS
- Administrative
- Cadet
  - Operational, Firefighter
  - Operational, EMS
  - Administrative

**Applicant's Name:** \_\_\_\_\_

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

**\*\*\*If Applicant is under the age of 18**

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Address** **City** **State** **Zip**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Email Address**

**Questionnaire:**

1. Driver's License (provide copy): \_\_\_\_\_  
State      Number

2. Has your driver's license ever been suspended or revoked?

- Yes
- No

If yes, explain: \_\_\_\_\_

3. Have you ever had any traffic violations?

- Yes
- No

If yes, explain: \_\_\_\_\_

4. Have you ever been convicted of any crimes?

- Yes
- No

If yes, explain: \_\_\_\_\_

5. Do you have any physical, emotional or other ailment which may interfere with your performance of the tasks related to the job?

- Yes
- No

If yes, explain: \_\_\_\_\_

6. Do you know any past or present members of IHC?

- Yes
- No

If yes, list: \_\_\_\_\_

7. Are you a current or past member of any Fire/Rescue or EMS organization?

- Yes
- No

If yes, list: \_\_\_\_\_

8. Do you have any Fire/Rescue or EMS certifications?

- Yes
- No

If yes, provide copy.

9. Do you hold any medical or pre-hospital care certifications?

- Yes
- No

If yes, provide copy.

10. If you have held any of these certifications, have you ever had them suspended or revoked?

- Yes
- No

If yes, explain: \_\_\_\_\_

**Educational Information:**

Highest level of education achieved: \_\_\_\_\_

High School: \_\_\_\_\_

Date of graduation or expected date: \_\_\_\_\_

College: \_\_\_\_\_

Major/course of study: \_\_\_\_\_

Date of graduation or expected date: \_\_\_\_\_

**Military Information:**

Are you currently or have you ever served in the U.S. or any other country's armed service?

- Yes
- No

If yes, explain: \_\_\_\_\_

**Employment Information:**

Have you ever been fired, terminated or asked to resign from any position for any reason?

- Yes
- No

If yes, explain: \_\_\_\_\_

Current employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

To the best of my knowledge, the above statements made by me are true and accurate. The membership committee has my authority to verify any and all information and to check with law enforcement agencies for reports. I agree to abide by the bylaws, orders, rules and regulations of this organization and acknowledge understanding of those provisions outlined in this application.

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

**\*\*If the applicant is under the age of 18, a parent or legal guardian must review the application and sign application along with applicant.**

I hereby give permission for \_\_\_\_\_ to apply for membership in the cadet program. I understand that the applicant will be given and participate in training of fire department skills and fundraising activities of the company while under proper supervision.

I understand that a work permit with the department of labor, licensing and regulations must be completed and submitted.

Parent/ Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Independent Hose Company  
Background Check Authorization**

Date: \_\_\_\_\_

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

Other Names Used: \_\_\_\_\_

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Drivers License (State, Number): \_\_\_\_\_

All States Resided in Last 10 Years: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize a background investigation to be completed as part of my application at The Independent Hose Company. I understand the Be Secure LLC will perform the background investigation without prejudice.

I understand and authorize an FBI, National and Maryland Criminal, Civil, Motor Vehicle and sex offender records check to be conducted in all states for the past 10 years. All information received will be held in the strictest of confidence by Be Secure LLC and The Independent Hose Company. I understand the The Independent Hose Company mat require recovered information to become a part of my personnel file.

I hereby release and waive my rights regarding these records and authorize their recovery to Be Secure LLC and The Independent Hose Company.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Signature

\_\_\_\_\_  
Date

\*\*\*\*\*Please include check made payable to Be Secure LLC for \$30.