



Rockville Volunteer Fire Department, Inc.

P.O. Box 1547, Rockville, MD 20849-1547
(301) 424-0310 (Station 3)

APPLICATION FOR MEMBERSHIP

ALL INFORMATION MUST BE ACCURATE AND COMPLETE. THE RVFD RESERVES THE RIGHT TO EITHER RETURN OR WITHDRAW ANY INCOMPLETE, INACCURATE, OR ILLEGIBLE APPLICATION FOR MEMBERSHIP

Full Name: _____
(First) (Middle) (Last) (Suffix)

Nickname/Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____
(Required)

Social Security Number: _____ Date of Birth: _____
(mm/dd/yyyy)

Are you a citizen of the U.S.? Yes No

If not, are you eligible to work in the U.S.? _____

Membership Category: Fire Medical Auxilliary Admin Not Sure

Equal Employment Opportunity: The Rockville Volunteer Fire Department, Inc., values diversity in the workplace. Women and men of all ages, cultural and ethnic backgrounds, religious and political affiliations, and national origins are encouraged to apply.

To Apply: Complete and submit this official Rockville Volunteer Fire Department "Application for Membership" form. Only fully and legibly completed applications will be considered or processed further. We may wish to contact you by mail, telephone, or e-mail. It is your responsibility to make sure contact information is complete, correct, and current. RVFD office personnel are not permitted to modify applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communication.



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PERSONAL INFORMATION

Are you at least 18 years old? Yes No

NOTE: If under 18, parental consent is required. Junior Members (those under 18 years of age) cannot be on duty or present in any RVFD station or on any apparatus after 11:00 PM on nights preceding a school day.

T-Shirt size: SM MED LG XL XXL
(This is for anticipation and planning purposes for your uniform.)

Driver's License Number: _____ Issuing State: _____ Class: _____

Has your driver's license ever been suspended/revoked? Yes No

If YES, provide details and dates: _____

Have you ever been convicted of, or have you ever pled guilty or nolo contendere (no contest) to, any crime other than a minor traffic citation in an adult court? Yes No
(A "Yes" answer may not necessarily disqualify you from membership)

If YES, where, when, and what was the disposition of the offense? _____

Please list any special skills, interests, or hobbies: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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EDUCATION

Applicants without a minimum of a High School Diploma or GED will not be considered. The exception is Junior Members (between the ages of 16-18 and/or currently enrolled in High School). Please attach a copy of your High School Diploma, GED, or Degree from an accredited institution.

Name, City, and State of Last High School Attended: _____

If you are currently in High School, what is your anticipated graduation date: _____

Highest Grade Completed: _____ Foreign Languages Spoken/Read: _____

Name, City, and State of College Attended: _____

What, If Any, Higher Education Degrees Do You Hold? _____

FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of RVFD before? Yes No
(If YES, please give dates, and the circumstances under which you left the department):

Have you ever served in another fire/rescue department? Yes No
(If YES, please give the name, address, and telephone number of the department(s), dates of your service, and the circumstances under which you left):

State the highest rank you have held: _____

List any fire, rescue, EMS or related classes you have taken, including where and when you took the class: _____



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List any fire or rescue vehicles you have been authorized or licensed to drive: _____

EMPLOYMENT

Current Employer: _____

Address: _____

Phone: _____ Date Employed From: _____

Contact Person: Name: _____ Position: _____

E-Mail Address: _____

Previous Employer: _____

Address: _____

Phone: _____ Date Employed From: _____

Contact Person: Name: _____ Position: _____

E-Mail Address: _____

Previous Employer: _____

Address: _____

Phone: _____ Date Employed From: _____

Contact Person: Name: _____ Position: _____

E-Mail Address: _____



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REFERENCES

Please list three (3) character references who you have known for at least three (3) years, who are not related to you, and who are not past or present employers. PLEASE PRINT CLEARLY AND PROVIDE ALL REQUESTED INFORMATION. RVFD personnel will NOT research incomplete information.

REFERENCE 1

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: _____

E-Mail Address: _____

REFERENCE 2

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: _____

E-Mail Address: _____

REFERENCE 3

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: _____

E-Mail Address: _____

Note: Former/Current Fire Department Affiliations, If Any, Will Be Contacted to Obtain a Reference



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STAND-BY DUTY:

“Stand-By Duty” means being physically present at the fire station, waiting for emergency fire, rescue, or EMS calls to come in. Every Probationary Member and Full Member with less than 15 years of service must perform Stand-By Duty on a REGULARLY-SCHEDULED WEEKLY BASIS, that is, one, minimum 12-hour shift, ONCE EVERY WEEK.

All riding members, including Probationary Members who have satisfactorily completed the initial Orientation & Training period, are required to do ONE NIGHT PER WEEK (5:00 PM to 7:00 AM) OR ONE WEEKEND DAY 7:00 AM to 5:00 PM of Standby Duty, AND ONE SATURDAY NIGHT EXTRA DUTY SHIFT approximately every six (6) weeks. THERE ARE NO EXCEPTIONS TO THESE REQUIREMENTS. You will not be required to stand duty on your regular shift during the week where your Saturday Night falls. This Saturday Night shift is assigned by the Fire Chief.

Administrative Members are not required to stand duty; their assignments will be assigned and monitored by the President.

TIME COMMITMENT:

The RVFD does NOT offer summer or other short-term memberships. All applicants, including those coming to us from other local or out-of-the area fire departments, are required to commit to a minimum membership term of at least TWO (2) FULL YEARS. This is, the initial probationary year during which you will receive the training that will allow you to satisfy the requirements to serve as “minimum manning” on EMS and/or Fire apparatus, AND AT LEAST ONE ADDITIONAL FULL YEAR in return for the substantial training time and dollars that will have been invested in you by that time.

If you cannot, in good conscience, make an ethical commitment of AT LEAST TWO FULL YEARS, please defer your application to such time as you are able to make that commitment. Similarly, if you are currently in high school and you intend to attend college outside of the greater Washington, DC/Rockville commuting area beginning SOONER than two (2) years from the date of application, please defer your application to such time as you are able to make the required minimum time commitment.





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PLEASE SPECIFY AVAILABILITY FOR DUTY DAYS:

(Note: These are 12 hours shifts)

SHIFT CHOICE:

1st choice:	Sunday night	Monday night	Tuesday night	Wednesday night
	Thursday night	Friday night	Saturday day	Sunday day
2nd choice:	Sunday night	Monday night	Tuesday night	Wednesday night
	Thursday night	Friday night	Saturday day	Sunday day
3rd choice:	Sunday night	Monday night	Tuesday night	Wednesday night
	Thursday night	Friday night	Saturday day	Sunday day

SHIFTS THAT I CANNOT DO, AND WHY: *(mark all that apply)*

- | | |
|----------------|-----------------|
| Sunday night | Monday night |
| Tuesday night | Wednesday night |
| Thursday night | Friday night |
| Saturday day | Sunday day |

Explanation: _____





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CERTIFICATION AND AUTHORIZATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that, should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges thereof may be immediately terminated. My signature on this application indicates that I have read the description for the volunteer positions available to me and I understand that the position of a firefighter or emergency medical services provider is physically challenging and that my membership is dependent on my successful completion of a physical examination and receipt of a favorable background investigation. I further understand that this application form is not a guarantee of membership, nor an offer of membership.

The RVFD Membership Recruitment & Retention Committee will conduct Station Tours / Information Sessions for new applicants during the application process. All applicants must attend one of the station tours/information sessions. The purpose is to assure that all applicants fully understand the responsibilities of RVFD membership. The applicant will not be considered for membership until he/she has attended one of these station tours/information sessions.

I also understand that an incomplete, inaccurate, or illegible application may be returned or withdrawn;; that the General Membership has sole authority to act upon my "Application for Membership;" that the decision of the General Membership is final and not appealable; and that I may not reapply for one year following a denial of membership. I have read the statements above and, by my signature, I agree to these provisions.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(For Applicants Under the Age of 18)

Please note: We make every effort for your application and personal information to be kept secure and confidential. Only the Membership Committee members have access to this information. When submitting your application in person at the station, please place your application in the black locked mailbox on the first floor of station 3, located at 380 Hungerford Drive, Rockville, MD. 20850

