



# GAMBER & COMMUNITY FIRE COMPANY

ENGINE • MEDIC • WATER RESCUE

*"Volunteers"*

## Application for Membership

Please print all information

### GENERAL INFORMATION

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

Name of Parent (If Under 18): \_\_\_\_\_

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

Date of Birth:   /  /   Age:   

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

Years at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

### DRIVER'S LICENSE/EMERGENCY CONTACT INFORMATION

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

State: \_\_\_\_\_ Total Current Points: \_\_\_\_\_

May we obtain a copy of your driving record? Yes No

Have your driving privileges ever been suspended or revoked? Yes No

If Yes, when and why? \_\_\_\_\_

Are you a US Citizen? Yes No If not, Country of Birth \_\_\_\_\_

Any Alias or Nicknames: \_\_\_\_\_

Emergency Contact:

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

Relationship: \_\_\_\_\_

### MILITARY/EMPLOYMENT EXPERIENCE

Have you ever served in the Armed Forces? Yes No

Branch: \_\_\_\_\_ Current Status: \_\_\_\_\_

Dates Served: \_\_\_\_\_ To \_\_\_\_\_

Current Occupation:

Employer:

Employer's Address:

Supervisor/Contact Person:

May we contact your employer? Yes No

Work Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To \_\_\_\_\_

3838 NINER ROAD • FINKSBURG, MARYLAND 21048 • PHONE (410) 795M3445

[WWW.GAMBER\\_VFD.ORG](http://WWW.GAMBER_VFD.ORG)

The Gamber & Community Fire Company is an Equal Opportunity Employer, and abides by Federal HIPAA Standard for privacy.



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## EDUCATION EXPERIENCE

Circle Highest Grade Completed: 09 10 11 12 GED AA BD MD DD

Name of High School or University: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

## MISCELLANEOUS INFORMATION

1. Do you have any physical or mental disabilities that might affect your ability to function as an Emergency Provider? Yes No If Yes, please explain.

\_\_\_\_\_

2. Have you held membership in any other Fire Company? Yes No If yes, please explain your reason for leaving or current status if you are still a member.

\_\_\_\_\_

\_\_\_\_\_

3. Do you belong to any local organizations? Yes No If yes, please list:

\_\_\_\_\_

4. Other than minor traffic offenses, have you ever been charged or convicted of a criminal act, or have any criminal charges pending? Yes No If yes, provide explanation:

\_\_\_\_\_

5. Please list any experience you have in the following areas:

Administration, \_\_\_\_\_

Fire Suppression \_\_\_\_\_

Emergency Medical Services (MIEMMS Number) \_\_\_\_\_

SCUBA or Boating, \_\_\_\_\_

Other Specialized Training, \_\_\_\_\_

6. Briefly explain why you would like to become a member of the Gamber and Community Fire Company and how you might help the company

\_\_\_\_\_

7. Are you familiar with any current member of the Gamber and Community Fire Company? Yes No

If yes, list names below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Read the following statement carefully before signing.**

I hereby authorize the Gamber and Community Fire Company, Inc. to investigate any and all statements made in the above application for accuracy and integrity. To the best of my knowledge, all statements and information above is correct and true. Furthermore, I understand that the omission of facts may result in rejection of my application.

I, the undersigned,

- Do wish to become a member of the Gamber and Community Fire Company.
- Do realize that I may be required to submit to a physical and obtain all necessary test and training course before actively functioning as an Emergency Provider.
- Do promise to abide by all rules set forth by the by-laws, Board of Directors, Officers, and General Membership of the Gamber and Community Fire Company.
- Have attached a photo copy of my driver's license.
- Have enclosed my \$80 background check fee.

The Gamber and Community Fire Company requires as a condition of membership, a background check. This is an allowance under Maryland Law Article 38A, Section 7A(e) stating "Any volunteer or paid fire company or rescue squad may consider the existence of a criminal conviction in determining whether or not an applicant will be appointed or employed." In accordance with this policy, ALL applicants will be required to undergo a background check. Should a record check be returned as "appearing to" have a criminal record, it shall then be the responsibility of the applicant to submit to fingerprinting (at the Company's place of choice), and submit a fee for further criminal background check. This fee is non-negotiable. Should you withdraw your application; the application fee of \$80 will not be returned. Should you decide to continue to seek membership with the Gamber and Community Fire Company, your fees will not be refunded should an unacceptable conviction appear.

APPLICANT NAME (print), \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**CONSENT FOR DISCLOSURE OF INFORMATION AND RELEASE OF LIABILITY**  
**VOLUNTEER POSITION**

**Introduction**

I am an applicant to be a volunteer with the Gamber and Community Fire Company, also known as GCFC. In order to determine my suitability as a volunteer in a sensitive position involving the public trust, The Surveillance Group Inc. also known as "TSG", must make a thorough investigation of my background.

***Authorization***

I understand and acknowledge that TSG has a need to conduct a thorough investigation of my background, and that such an investigation is in the public's interest, I give my consent for you to speak with any authorized representative of TSG, and for you to discuss and disclose all information which you possess that pertains to me (*whether said information is of a public, private, confidential, or privileged nature, and whether said information is favorable or unfavorable*) as follows:

**Educational Institutions and Academic Records:**

1. Any and all information pertaining to my academic performance and achievement. Such information shall include, but shall not be limited to: the courses which I studied; the grades or ratings which I received; and, my attendance record.

**Current/Former Employers and Personnel Records:**

2. Any and all information pertaining to my applications for employment with current employer or other employer. Such information shall include, but shall not be limited to: my employment applications; the results of any background, psychological, or polygraph examination which were conducted to determine my suitability for employment; the contents of any investigations which involved me (including efficiency ratings, counseling and/or discipline imposed against me; appeals, claims, complaints or grievances filed by me or on my behalf against my employer; appeals, complaints or grievances filed against me; and, my attendance records.

**Financial and Credit Institutions and Financial/Credit Records/ Reports:**

3. If applicable, any and all information pertaining to my credit history, credit record and financial status. Such information shall include, but shall not be limited to: the accounts which I have or have had with banks, credit unions, lending institutions or other financial institutions; the transactions which have occurred respecting each such account; my credit cards and payment device numbers; my accounts with publicly regulated utilities; and, the bankruptcy filing, if any, which I have made.

**Criminal/Traffic/Civil Records:**

4. Any and all information pertaining to criminal, civil, and administrative proceedings in which I have been involved. Such information shall include, but shall not be limited to: any record of investigations, arrests, charges, plea agreements, prosecutions or convictions for civil, traffic, or criminal offenses; and, any administrative or civil proceedings in which I have or had any interest.

**Residential/Rental/Mortgage/Landlord Records:**

5. Any and all information pertaining to my past and present residences. Such information shall include, but shall not be limited to information concerning the deed(s), leases, and/or rental applications and agreements for each of the addresses at which I resided.

**Military Service Records:**

6. Any and all information pertaining to my military service. Such information shall include, but shall not be limited to: the Certificate of Release or Discharge from Active Duty; the type and reason for release or discharge; and, any record of investigations, arrests, charges, plea agreements, prosecutions or convictions which arose through the military criminal justice system.

*Release and Indemnity*

*The Gamber and Community Fire Company will not continue to process my application if you fail or refuse to disclose the information that I have asked you to disclose to TSG.*

Thus, for and in consideration of you furnishing the above information, with my consent, I hereby release the person to whom this form is presented, his/her organization, the custodian of the records of the organization, as well as the officers, investigators, and employees of the organization, both individually and collectively, from any and all claims for criminal liability and civil liability for damages and attorneys' fees of whatever kind, which may at any time result to me, my heirs, my family or associates, because you complied with my request that you speak with and release information which you possess pertaining to me to an authorized representative of TSG.

In addition, for and in consideration of the Gamber and Community Fire Company's acceptance and processing of my application as a volunteer, I hereby release Carroll County, Maryland, the Gamber and Community Fire Company, TSG, and their agents and employees, both individually and collectively, from any and all claims for criminal liability and civil liability for damages and attorneys' fees of whatever kind, for seeking the information identified in this form, and for evaluation and using such information in determining whether to accept me as a volunteer of the Gamber and Community Fire Company.

***Miscellaneous***

1. I understand and acknowledge that I shall be given no opportunity to inspect or review any information compiled by TSG in connection with my application for volunteer work.
2. I understand and intend that a photocopy or facsimile copy of this form will be as valid as an original of the same, even though the photocopy does not contain an original writing of my signature.
3. Should there be any questions as to the validity of this release, I may be contacted by you, at the address and phone number listed on this form.
4. I understand, acknowledge, and agree that I must pay any and all charges or fees associated with providing the information requested in this form, and can be billed for such charges at my address as listed on this form.

Printed Name of Applicant:

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Signature of Applicant:

Date:

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Address:

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Home Phone Number:

Cell Phone Number:

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Date of Birth:

Social Security Number:

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