



WASHINGTON COUNTY EMERGENCY REHAB 255

17556 York Road Hagerstown, MD 21740 (301) 582-0250

MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____ TYPE OF MEMBERSHIP APPLIED FOR: _____

NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH MAIDEN NAME

PHYSICAL ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP CODE

MAILING ADDRESS: _____
(If Different Than Above) STREET ADDRESS / P.O. BOX

CITY STATE ZIP CODE

CONTACT INFO: _____
HOME PHONE CELL PHONE PAGER E-MAIL OTHER

TRAINING: (Y/N) HAZ MAT AWARENESS HAZ MAT OPS CPR/AED EMR/EMT
(Please Attach Copies) NIMS 100 NIMS 200 NIMS 700 EVOC

Are you currently on leave or receiving payment for disability? YES NO If Yes Explain Below: _____

Have you ever been arrested or charged with a crime? YES NO If Yes Explain Below: _____

Have you ever been Expelled or Denied Membership to a Fire/EMS Dept? YES NO If Yes Explain Below: _____

Years of service in FIRE / EMS: _____ LIST PRESENT AND PAST AFFILIATED FIRE AND/OR EMS COMPANIES BELOW: (Attach Additional If Needed)

The above information has been completed to the best of my ability and all information is the truth!

I agree to perform my duties in accordance with Rules and Regulations set forth by the Officers and Membership of Rehab 255 and the Washington County Volunteer Fire & Rescue Association.

DATE

APPLICANT'S SIGNATURE

FAILURE TO TRUTHFULLY ANSWER ANY OF THE ABOVE QUESTIONS MAY BE CONSIDERED FRAUD TOWARDS THE WASHINGTON COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION AND WASHINGTON COUNTY EMERGENCY REHAB AND MAY RESULT IN AUTOMATIC EXPULSION FROM MEMBERSHIP!

This applicant has received Equipment Placement Training, Equipment Operation Training, and has received a copy of Rehab 255's Standard Operating Guidelines and Standard Operating Procedures.

DATE

APPLICANT'S SIGNATURE

DATE

COMPANY OFFICER'S SIGNATURE

LOSAP INFO _____

FIREHOUSE INFO _____

I.A.R. INFO _____

[See Background Check Release Form On Reverse Side](#)



WASHINGTON COUNTY EMERGENCY REHAB 255
17556 York Road Hagerstown, MD 21740 (301) 582-0250
MEMBERSHIP BACKGROUND CHECK RELEASE

I, _____ give Washington County Rehab 255 and the Washington County Volunteer Fire & Rescue Association my permission to do a complete criminal background check to ensure The Integrity of Washington County Rehab 255.

DATE

APPLICANT'S SIGNATURE

I, _____ give Washington County Rehab 255 and the Washington County Volunteer Fire & Rescue Association my permission to speak with my current and past Affiliate Companies that are members within the Washington County Volunteer Fire & Rescue Association to be used as Character References for membership consideration.

DATE

APPLICANT'S SIGNATURE

I, _____ give Washington County Rehab 255 and the Washington County Volunteer Fire & Rescue Association my permission to speak with my current and past employers / supervisors to be used as Character References for membership consideration.

DATE

APPLICANT'S SIGNATURE

Please Provide The Following:

All former addresses you may have held in the past 10 years:

Past three employers / supervisors Contact Info:

