

**Auxiliary to the Laurel Volunteer Fire Department
Application for Membership**

Please initial after each question that you understand

Do you understand that you must attend 6 meetings and 6 functions per year to be an active member? _____
Do you understand that if accepted you will be on probation for 6 months? _____
Do you understand that this organization is not a social club? _____

PERSONAL

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip code: _____

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

Emergency Contact: _____ Phone Number: _____

Social Security Number: _____ (For Government filing purposes) Date of Birth: _____

Are you a US citizen or a Legal Resident Alien? Yes No If naturalized enter Date of Naturalization ____/____/____

Email Address: _____

How did you learn about our organization? _____

Article II Section 6: The Auxiliary prohibits discrimination in membership or other activities on the basis of race, religion, sex, age, National origin, physical, or mental challenge.

EXPERIENCE

Have you previously filed an application with the Laurel Auxiliary? YES NO

If so, when? _____

Are you now or have you ever been a member of another Fire &or Rescue Department and or Auxiliary?

If so, please explain: _____

Have you ever been discharged or denied membership to any auxiliary? YES NO

If so, please explain: _____

THREE CHARACTERS REFERENCES

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone number: _____

***Please submit completed application by mailing to Auxiliary to the Laurel VFD, P.O. Box 292, Laurel, MD 20725
Or by dropping of at the station to be put into Auxiliary mailbox.***

****ALVFD USE ONLY**

Date Received by Auxiliary: _____ Rec'd by _____

Checked to make sure it is complete: _____ By: _____

Date of Interview ____/____/____ Recommendations Yes No

Date voted on for Probationary Membership _____ Accepted: _____ Rejected: _____

Date Notified: ____/____/____ By whom: _____

Date of Permanent Membership: _____ Accepted: _____ Rejected: _____