



CARROLL MANOR FIRE CO., INC

P.O.Box 7, 2795 Adams St., Adamstown, MD. 21710
301-874-5111

MEMBERSHIP APPLICATION

It is the policy and practice of Carroll Manor Fire Company, Inc. to select new members not based on their race, religion, color, national origin, sex, martial status, age, or disability. Each applicant must meet the requirements of a confidential investigation, which includes a criminal background check (see authorization below), and meet the probationary guidelines provided to them during their new members orientation.

Name _____ Date of Birth _____
Last First Middle Month/Day/Year

Address _____
Number & Street P.O.Box/Apt. Number City State Zip

Drivers License # _____ SSN _____
Number Class Social Security Number

Phone Numbers _____
Home Cell Pager Nextel Direct Connect

Educational Level _____ Occupation _____

Membership Type; *General* ___ *Associate* ___ *Cadet (between 16-18 years)* ___

Medical & or Fire related training; _____

Character references; *(include full Names, address, and phone numbers)*

Medical Concerns; _____

Emergency Notifications; *(Please include name, phone number, and relationship)*

Application fee (\$2.00) _____ Received Sponsored by _____

I hereby verify that the above information is true and correct, and I hereby authorize a criminal and background check.

Signature Printed Name Today's Date

	Issued By	Date issued	
By-Laws			
Admin. Guidelines			
Op's Guidelines			
LOSAP Form			
Contact List			
Training Info			
Activity Schedule			
Criminal Backgrd			

	Issued By	Date Issued	Returned To	Return Date
Helmet				
Coat, Turnout				
Pants, Turnout				
Gloves, Fire				
Hood, Fire				
Coveralls, EMS				
EMS Boots				

	Issued By	Date	Returned To	Date	Serial Number
Alpha Pager					
Voice Pager					

	Date	Processed By
Application Received		
Orientation Completed		
Mentor Assigned		
Present to Membership		
Probation Started		
Membership Accepted		