

ORGANIZED 1928

INCORPORATED 1930

LEONARDTOWN VOLUNTEER FIRE DEPARTMENT

LEONARDTOWN, MARYLAND

20650

Dear Applicant,

The Leonardtown Volunteer Fire Department greatly appreciates your interest in joining our organization. We are always looking for interested and dedicated people to serve and protect the citizens of Leonardtown and St. Mary's County. Please take the time to read this page and fill out the attached application.

The Leonardtown Volunteer Fire Department is an all-volunteer organization. We do not receive any kind of pay or stipend for our services. We do not provide ambulance service in our area. The Leonardtown Volunteer Rescue Squad handles that task. We do provide excellent training and the very best equipment. Your training and equipment are provided at no cost to you.

We require that you fill out all lines of the attached membership application and answer all questions truthfully. You will need three references with their phone numbers. You will need to fill out completely and sign the consent form attached for a background investigation. A copy of your driving record must also be submitted with your application. Attached is the form needed to obtain your record from the MVA. If in school, you must also submit a copy of your most recent report card or interim report. (You must maintain a C average, if you do not maintain a C average, you will not be allowed to participate in any fire department activities, except on Monday nights to maintain your membership.) After completion of the application, consent form and your MVA record; return it to the station to be tabled. No application will be presented to the department until all forms are completed. All applications are processed once a month during our monthly business meeting (second Monday of the month). During the time prior to that meeting, all applicants are encouraged to attend our regular drill nights (every Monday 7:00PM – 9:00PM) and assist at the station and training sessions.

Before approval is granted to ride the fire apparatus on calls you must successfully complete the indoctrinating course provided by the Leonardtown Volunteer Fire Department and any other training that the Chief deems necessary. All member firefighters, Active, Junior or Probationary shall attend and successfully complete the MFRI, "Firefighter I" course within the first year of membership. It is important to realize that this is a very stressful occupation and requires good physical and mental health. You must be willing to take a physical exam if required and remain free of all illegal substances at all times. **You may be exposed to situations where injury or death are possibilities.**

Devotion to training also includes attending weekly drills and taking other training courses. Company drills are scheduled every Monday night from 7:00PM to 9:00PM. Attendance is tracked and is mandatory. If you cannot make a drill, it is your responsibility to call to be excused. Part of your indoctrinating training will explain current policies and Standard Operating Guidelines. Once again thank you for your interest in the Leonardtown Volunteer Fire Department, Inc.

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PLEASE PRINT ALL INFORMATION

Name: _____ Age: _____

Address: _____ Home/Cell Phone#: _____

City: _____ State: _____ Zip Code: _____ DOB: _____

Email: _____

Any Physical / Medical / Mental Conditions: If yes explain: _____

Any Injuries that could interfere with the performance as a Firefighter or Driver: ____ Yes ____ No
If yes explain: _____

Are you on any regular medications: ____ Yes ____ No If yes explain: _____

Previous Firefighting Experience / Training: _____

Are you now or have you been a member of another Fire/Rescue Department? ____ Yes ____ No

If yes Name of Department: _____ St. Mary's County LOSAP ID# _____

Name and address of employer: _____

(If student, list school and grade assigned) Phone: _____

Character References: (Not related and not a member of this department)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

In case of Emergency Notify:

Name: _____ Phone #: _____

Address: _____ City _____ State: _____

Physician _____ Phone #: _____

Have you been ever convicted of a felony: ____ Yes ____ No. If yes explain: _____

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"I hereby certify that the facts set forth in my application are true and complete. I understand that if accepted for membership, statements that are later found to be false on this application shall be considered sufficient cause for dismissal. I also understand that my application may be rejected based on reference recommendations, criminal record history or deception on my part on the application. I hereby authorize the Leonardtown Volunteer Fire Department, Inc. to make any investigation of my personal and/or criminal history contained on this application.

Applicants Signature: _____ Date: _____

Parent/Legal Guardian Signature* _____ Date: _____

*(Required if applicant is under 18 years of age)

Applicant must fill out attached "Background Consent/Release Form"

Applicant must provide a copy of driving record.

These must be presented to a membership committee member. It will only be presented to the department if all forms are complete. Once all forms are completed it will be presented at the next Business Meeting.

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(To be filled out by membership committee only)

Type of Application:

Cadet Member _____ Jr. Member _____ Probationary Member _____

Honorary Member _____ Associate Member _____

Date Application Tabled:

Date Probation Started:

Date Membership Approved:

Received signed "Background Consent/Release Form" _____

Received Copy of Driving Record: _____

Received Copy of Report Card: _____

References Contacted:

1.

2.

3.

Comments:

Member that contacted references:

date:

MVA Privacy Protection Agreement

Use of information obtained through this Request is governed by Federal and State laws. It is the responsibility of the Requestor to insure that all use of information obtained through this Request complies with all applicable Federal and State laws.

By signing this "Request for Motor Vehicle Records", the Requestor certifies that the Requestor, (if applicable) Requestor's employer and employees:

1. Understand that federal laws affect access to and use of computer information, including, but not limited to, 15 U.S.C. § 271 *et seq.* (National Institute of Standards and Technology); 44 U.S.C. § 3541 *et seq.* (Federal Information Security Management Act of 2002); 49 U.S.C. § 30301 *et seq.* (National Driver Register Act of 1982); 5 U.S.C. § 552 (Freedom of Information Act); 5 U.S.C. § 552a (Privacy Act of 1974); 18 U.S.C. § 1030 (U.S. Computer Crime Statute of 1984); 18 U.S.C. § 1001 *et seq.* (Computer Fraud and Abuse Act of 1986); 17 U.S.C. § 109 (Computer Software Rental Amendments Act of 1990); 15 U.S.C. § 1681 *et seq.* (Fair Credit Reporting Act); and 18 U.S.C. § 2721 *et seq.* (Driver's Privacy Protection Act of 1994).
2. Understand that the Maryland Department of Transportation Office of Transportation Technology Services, its client agencies and their customers also adhere to State data processing security policies as set forth in Executive Order 01.01.1983.18 (Privacy and State Data System Security); Md. Code Ann., Criminal Law Article § 8-606 (Making false entries in public records and related crimes) and § 7-302 (Unauthorized access to computers and related material); Md. Code Ann., General Provisions Article, Title 4 (Maryland Public Information Act); and, as published by the Secretary of the Department of Budget and Management from time to time under Md. Code Ann., State Finance and Procurement Article, Title 3A, Subtitle 3 (Information Processing).
3. Agree to maintain in strictest confidence and not willfully disclose to any person, firm, or corporation information obtained as a result of their access to personal information from motor vehicle records.
4. Are familiar with all provisions of the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. § 2721 *et seq.*, and with Title 4 of the General Provisions Article (Maryland Public Information Act), and §§ 12-111 through 12-113 of the Transportation Article, Annotated Code of Maryland, which limit access to personal information from public records in Maryland. The Requestor on behalf of itself, its successors and assigns further agrees that all users will abide by the terms of both the federal and state law including, but not limited to, those restricting access to personal information from Motor Vehicle Administration records only to those persons and for those purposes which are permitted under both laws.
5. Agree to keep a record for five (5) years of persons to whom personal information is redisclosed under this Agreement, and the purpose for which the personal information is to be used; and, to make that record available to the Motor Vehicle Administration upon request.
6. Shall be liable for, and shall indemnify, defend and hold the Motor Vehicle Administration harmless for any misuse or misappropriation of any personal information in a record obtained from the Administration in connection with this Agreement, including, without limitation, reasonable attorneys' fees and all other costs of litigation.
7. Shall further indemnify the Motor Vehicle Administration for and against any and all losses, damages, judgments, liabilities, or similar costs and expenses which arise in whole or part out of acts or omissions by the client with respect to laws restricting access to and disclosure of vehicle records including, without limitation, reasonable attorneys' fees and all other costs of defending against such action or claim.

Notice of Appeal Procedure

In accordance with General Provisions Article ("GP") § 4-203(c), the Requestor ("You" or "you") is informed of all available remedies for review of the decision of the Motor Vehicle Administration ("MVA") to withhold any of the documents requested on the front side of this form. You have the right/option to refer your concerns to the Public Access Ombudsman, in the Office of the Attorney General, pursuant to GP § 4-1B-01, *et. seq.* You may also pursue judicial enforcement under GP § 4-362 of the Maryland Public Information Act. (Copies of the law available upon request.)

Reverse



Apply to register to vote with your driver's license transaction. For details ask your customer agent.

Request for Motor Vehicle Administration Records

Certified Record: \$15.00
Non-Certified Record: \$12.00

Please complete all requested information as applicable.

<p>Subject of Record: Vehicle Record Tag No.: _____ VIN: _____ Yr./Make/Model: _____</p>	<p>Type of Record: 3 year driving record *Complete driving record (all information in MVA data base). *PBJ driving record (Also contains medical certification information for CDL holders) *Available to: individual of record or individual's attorney; police or judicial system; authorized representative of any federal, state or local government; or authorized employer of CDL drivers. Application for driver's record/identification card. Title record. Certified copy of Maryland title for export of vehicle. Registration record. Original issue date of license. Other: _____</p>
<p>Driver Record CDL holders: To obtain your medical certification information, you must also request a PBJ driving record. Name: _____ DOB: _____ LIC #: _____ Address: _____</p>	<p>Requestor Information: Name: _____ LIC #: _____ Address (Home): _____ Telephone (Home): _____ Address (Work): _____ Telephone (Work): _____</p>
<p>Please complete this section if record is to be mailed. Please print or type information. Full Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____</p>	<p>Identification (MVA Use Only): Type of Identification Accepted: _____ LIC #: _____ Other Number: _____ Verified By: _____</p>
<p>Status: Attorney (Please sign "Attorney Certification" if requesting complete driving record of your client) "I certify that I am the attorney for the individual whose complete driving record or PBJ is being requested." Attorney's Signature: _____ Employer: _____ "I certify that I am an employer or potential employer of the individual for whom I am requesting/receiving a driving record, and that a valid commercial driver's license is required of the individual as a condition of employment." Employer's Signature: _____ Printed Name: _____ Purpose of Request: _____</p>	<p>Business Name: _____ Law Enforcement/Government Agency Name: _____ Insurance Company Name: _____ Researcher: _____ Own record: _____ Other: Please specify: _____</p>
<p>My signature acknowledges, under penalty of criminal prosecution, that I will use information received from the Motor Vehicle Administration (MVA) solely for the purpose I describe on this application, and further agree that I will not release personal information obtained from MVA records except as permitted by Title 4 of the General Provisions Article (Maryland Public Information Act).</p> <p>I understand and acknowledge that by requesting information from Motor Vehicle Administration records I have read and agree to the terms of the MVA Privacy Protection Agreement on the reverse side of this form. I also acknowledge that I have read the Notice of Appeal Procedure also set forth on the reverse side.</p> <p>Signature: _____ Printed name: _____ Date: _____</p>	
<p>MVA Use Only: Certified Non-Certified Cash Check Credit Card Gratis</p>	



Background Consent/Release Form

Organization _____

Applicant's Legal Name (printed)

Social Security Number _____ **Date of Birth** _____

Applicant's Address

City _____ **State** _____ **Zip** _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

_____ **Date:** _____

Signature:
