



EARLEIGH HEIGHTS VOLUNTEER FIRE COMPANY, INC.

Serving the Community Since 1918

Membership Application

Personal Information

Name: _____
First Middle Last

Address _____
Street City State Zip Code

Phone: _____ Date of Birth _____

Email: _____ Best Contact Time: _____

Employment

Employer _____

Supervisor: _____ Phone: _____

May we contact your supervisor to verify employment?

Current School Enrollment

School _____

Grade / Year _____ Expected Graduation _____

Experience

Have you ever been a member of an emergency services organization?

If yes, organization name: _____

Do you hold any Maryland Fire Certifications or EMS Licenses?

Certified / Licensed: Firefighter Paramedic EMT

Have you ever been denied or removed from membership of an emergency services organization?

Have you ever been convicted of a crime?

