Proudly Serving Anne Arundel County Since 1926 - Celebrating 100 Years

Crownsville Station
HOME OF THE
HERALD HARBOR
Volunteer Fire Department

1029 Generals Highway, Crownsville, Maryland 21032
(410) 222-8606 / (410) 923-3990
Mailing Address: 401 Hall Road, Crownsville, Maryland 21032

MEMBERSHIP APPLICATION

Please complete the following application for membership consideration.

Date: _____

Name: _____
First Middle Last

_____
Preferred Name/Nickname

DOB: _____ SS: _____

Address: _____
Street

_____
City County State Zip Code

Phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

Driver's License #: _____ State: _____ Class: _____

Emergency Contact: _____

Contact Number: _____ Relationship: _____

Contact Address: _____

Experience

Have you ever been a member of an emergency services organization? Yes ☐ No ☐

If yes, organization name:
_____

Have you ever been denied or removed from an emergency service organization? Yes ☐ No ☐

If yes, please provide details: _____

If you are already on the Anne Arundel County Database, please provide your badge number:
_____

Do you hold any Fire Certifications or EMS Licensures? Yes ☐ No ☐

If yes, please list: _____

Interest

☐ Administrative Member ☐ Active Member ☐ Firefighting (only if active member selected) ☐ EMS (only if active member selected)

Availability

Our members are the core and essence of the Herald Harbor Volunteer Fire Department. Participation is key to maximizing your fulfillment of this volunteering endeavor. If possible, please select the days and times that you may be available to participate in functions and activities with us.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

General

Have you ever been convicted of a Misdemeanor or Felony? Yes ☐ No ☐
(The answer "Yes" does not automatically disqualify you. The date and nature of the offense will be considered.)

Attestation

I hereby authorize Anne Arundel County and/or the Herald Harbor Volunteer Fire Department to investigate any and all statements made herein. I understand that any false or misleading statements or an omission of information requested is cause for rejection of my application.

I agree to abide by the Constitution and By-Laws of Herald Harbor Volunteer Fire Department and all Rules and Regulations set forth by the Board of Directors and company.

My signature on this application indicates that I understand that my membership is dependent upon my successful completion of a physical examination including CDS testing to be conducted by the Medical Services Office of the Anne Arundel County Fire Department.

Membership dues of $13.00 for the first year MUST accompany this application for presentation to the Board of Directors and general membership. Membership dues will be collected annually thereafter.

_____ _____

Signature Date

If under the age of 18, a signature of a parent or legal guardian is required.

_____ _____

Signature Date

Administrative Use Only

Interviewer Signature: _____ Date of Interview: _____

Membership Committee Review Date: _____ General Membership Review Date: _____Application Fee Received Date: _____

Membership Date: _____ Probation End Date: _____Date of Final Membership Approval: _____

Notes: _____