



KENSINGTON VOLUNTEER FIRE DEPARTMENT APPLICATION FOR VOLUNTEER MEMBERSHIP

Check Membership Classification Desired:
 EMT/Firefighter EMT/Paramedic Administrative Auxiliary

Please fill out all pages of this application completely. **Failure to answer all questions and provide all information requested will delay or may result in rejection of your application.** If you have any questions, please call (301) 929 – 8000 or email Recruiter@KVFD.org.

PERSONAL INFORMATION

NAME: Last		First	Middle	DATE OF BIRTH (mm/dd/yyyy)	MAIDEN NAME (If applicable)
ADDRESS: (Number and Street)				CITY AND STATE	ZIP CODE
PREVIOUS ADDRESSES IN LAST FIVE YEARS (use extra page if necessary):					
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS	U.S. Citizen or Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OFFICE USE ONLY <input type="checkbox"/> Background <input type="checkbox"/> Reference <input type="checkbox"/> Interview <input type="checkbox"/> PIMS/FRSID <input type="checkbox"/> Physical <input type="checkbox"/> Fingerprints <input type="checkbox"/> County Background <input type="checkbox"/> VBOC <input type="checkbox"/> Membership					
PERSON TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP TO YOU	CONTACT'S PHONE NUMBER(S)	
ADDRESS OF EMERGENCY CONTACT:					

EDUCATION AND TRAINING

HIGH SCHOOL GRAD? If yes, month and year:	IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED:	Name of High School (City, State)	GED? If yes, date completed:
ENTER BELOW ANY COLLEGES, UNIVERSITIES, OR TECHNICAL SCHOOLS ATTENDED. Use extra page, if necessary			
Name of School/City/State		Dates Attended/Major/Credits/Degree	

FIREFIGHTER TRAINING

APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)	Do you have any prior Firefighter or EMS Training: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Certification/ Jurisdiction in Which Received/Date Received/Expiration Date	
Certification 1	
Certification 2	

DRIVING RECORD

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number and State	CLASS OF PERMIT
Has your permit or license to drive ever been revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of driving under the influence of alcohol and/or drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of driving with a suspended or revoked license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of another traffic violation for which the maximum possible punishment included incarceration		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any "yes" answers above and attach further documentation as needed		

REFERENCES

Please provide at least three references (four if you are not employed or are retired) who are not related to you and who can comment on your education, work experience, character, and/or community service involvement.

NAME	EMAIL ADDRESS (REQUIRED)	RELATIONSHIP TO YOU

EMPLOYMENT

Are you retired? Yes No

Have you ever been employed? Yes No

List your most recent and past employers or send a resume to recruiter@kvfd.org. Your current and/or past employers will be contacted for confirmation.

NAME/Company Name	Your Position at Organization	Dates Employed (mm/yr-mm/yr)	Supervisor's name/email/phone number

Have you ever been dismissed or forced to resign from any position? Yes No

Explanation of "yes" answer:

MILITARY EXPERIENCE (Provide DD214 UPON REQUEST)

Have you ever served in the military? Yes No

OFFICE USE ONLY	Military Branch	Highest Rank	Dates of Military Service (mm/yr-mm/yr)	Type of Military Discharge

Briefly describe your military job(s) and training:

GENERAL INFORMATION

Have you ever been convicted of a crime, placed on probation, received probation before judgment, or imprisoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any charges currently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes to either question above, provide the date and place of disposition for each offense, offense you were charged with or granted probation before judgement and the sentence imposed:			
Have you ever been the subject of a peace order, or other order barring you from having contact with another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any prior firefighter or EMS training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently on the Montgomery County IECS list?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you possess a MCFRS/FROMS "Fit for Duty" duty letter issued within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been an applicant, member, or employee of Kensington Volunteer Fire Department or any fire/rescue department?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list all prior fire department or rescue squads you have been a member or applicant of to include Name of Department, Address of Department, Supervisor, and Dates of Service. Write N/A if not applicable.			
NAME OF DEPARTMENT	ADDRESS	SUPERVISOR	DATES OF SERVICE
Please list your reason for separation from all prior fire department or rescue squads. E-mail all certifications to recruiter@kvfd.org			
Do you intend to/ have you resign(ed) from another fire department? If yes, please use an extra page to explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any special conditions that KVFD should be made aware of? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL REFERENCES

Who or what prompted you to apply to KVFD?

- Friend/Relative Recruiter Fire Station Sign School Career Counselor KVFD Website
- Event (indicate event)_____ Current KVFD Member (name of member)_____
- Publication (name of publication)_____ Other_____

MANDATORY ESSAY

The department selects the most qualified candidates for membership. Please write a compelling statement that showcases the life skills and experiences that make you an asset to Kensington Volunteer Fire Department. Express why you want to join KVFD specifically and your goals while a member. Your essay should be a minimum of 200 words. Attach your essay to this application **Applications received without an essay will not be considered.**

AVAILABILITY

Members are assigned a duty shift based on availability and department needs. The first year of membership is a significant time commitment. It includes both online and traditional classes, attendance at Company meetings, mandatory events and a duty shift. One shift a week is required for active membership however additional shifts are highly encouraged. Please indicate which shifts you are available to volunteer.

<input type="checkbox"/> Monday 5:00PM-7:00AM	<input type="checkbox"/> Saturday 7:00AM-6:00PM
<input type="checkbox"/> Tuesday 5:00PM-7:00AM	<input type="checkbox"/> Saturday 6:00PM-7:00AM
<input type="checkbox"/> Wednesday 5:00PM-7:00AM	<input type="checkbox"/> Sunday 7:00AM-6:00PM
<input type="checkbox"/> Thursday 5:00PM-7:00AM	<input type="checkbox"/> Sunday 6:00PM-7:00AM
<input type="checkbox"/> Friday 5:00PM-7:00AM	

Please initial your understanding of the following statement in the box below: Applicants can do ONLY three (3) ride-alongs during the application process. Place your initials in the box.

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge. **I further acknowledge that any inaccurate, false, or misleading information or failure to answer all questions on this application may result in rejection of my application or dismissal from the department.** I authorize Kensington Volunteer Fire Department (KVFD) representatives to contact the persons listed as references on this application and to gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for Membership with KVFD, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community served, and I release the references contacted and KVFD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded.

Applicant Signature

Date of Application

Signature of Parent/Legal Guardian if applicant is under 18

Date of Application

Printed Name of Parent/Legal Guardian

Completed application should be submitted to **Recruiter** via one of the following methods:
 PRINT & MAIL: **KVFD, P.O. Box 222, Kensington, MD 20895**
 SCAN & EMAIL: Recruiter@kvfd.org
 FAX: **301-929-8008**

You may also bring it to Station 5 at: **10620 Connecticut Ave., Kensington, MD 20895, Administrative Office**