



Ocean Pines Volunteer Fire
Department 911 Ocean Parkway
Ocean Pines, MD 21811
410.641.8272 Fax: 410.641.5686

Membership Application Packet

Thank you for your interest in becoming a volunteer member with the Ocean Pines Volunteer Fire Department.

Please include with your application a copy of your Driver's License, training cards and or certificates.

Each applicant will interview with the membership committee and must pass a background check along with a department physical prior entering the General Membership.

Completed applications can be emailed to admin@opvfd.com or dropped off to the main office located at the South Station, 911 Ocean Parkway. Concerns please call 410.641.8272

Name: _____

Address: _____

Check One:

____ FIREFIGHTER
____ FIRE POLICE
____ EMS
____ CADET
____ ADMIN / ASSOC.

Are you a full time resident in Ocean Pines? yes / no

If no, please list main residential address: _____

Main Contact #: _____ **Wireless Carrier:** _____

Email: _____ **T-Shirt Size:** _____

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

Driver's License Number: _____ **Class:** _____

Office Use Only:

Received Date: _____ **Interview Date:** _____

Action By Board: Accept: _____ Reject: _____ Date: _____

Action By Membership: Accept: _____ Reject: _____ Date: _____



Ocean Pines Volunteer Fire
Department 911 Ocean Parkway
Ocean Pines, MD 21811
410.641.8272 Fax: 410.641.5686

Served in Military: _____ No / Yes, _____ Type of Discharge: _____

Except for Minor Traffic Violations have you ever been arrested? _____ yes / no

Do you have any Physical Defects, Disease or Disabilities? _____ yes / no

If Yes, please describe: _____

Previous Addresses:

Dates: _____ to _____

Dates: _____ to _____

Employer Information: Are you retired? _____ yes / no

If No, please list Present job and Past 2 Employers

Present Employer: _____ Dates: _____ to _____

Address _____

Phone Number _____

Past Employer: _____ Dates: _____ to _____

Address _____

Phone Number _____

Past Employer: _____ Dates: _____ to _____

Address _____

Phone Number _____



Ocean Pines Volunteer Fire
Department 911 Ocean Parkway
Ocean Pines, MD 21811
410.641.8272 Fax: 410.641.5686

References:

Name: _____ Phone # _____
Address _____

.....

Name: _____ Phone # _____
Address _____

List organizations to which you belong:

Previous Training:

Please Enclose Photocopies of Wallet Cards, Certificates, Etc.

Please state your reason for wanting to join the department:



Ocean Pines Volunteer Fire
Department 911 Ocean Parkway
Ocean Pines, MD 21811
410.641.8272 Fax: 410.641.5686

Application Authorization Form

Must be signed by applicant before application can be processed.

I, _____ do hereby authorize the Ocean Pine Volunteer Fire Department, Inc. to conduct an in-depth background investigation on me. I authorize any police agency, school, business, doctor, individual or association to release any pertinent information which would assist the Ocean Pines Volunteer Fire Dept., Inc. in evaluation my character and qualifications.

I affirm that all statements contained herein are true and complete. I understand that any false statements or information provided are grounds for denial of this application or dismissal from the Ocean Pines Volunteer Fire Department, Inc.

In signing this authorization, I hereby release any and all of the aforementioned sources from responsibility, present or future in imparting this information.

Print Name

Date

Signature

Parent(s)/Guardian Signature

If applicant is under the age of 18