



# GLEN ECHO FIRE DEPARTMENT

## MEMBERSHIP APPLICATION

Please return your application to:

Membership Committee  
Glen Echo Fire Department  
5920 Massachusetts Avenue  
Bethesda, MD 20816-2044

Email: [membership@gefd.org](mailto:membership@gefd.org)

### APPLICATION PROCESS

- Once we receive your application, we'll contact you to schedule an interview, and we will begin a background investigation.
- Applicants who interview favorably, pass the background investigation, and meet physical fitness standards will be introduced to the membership at a monthly meeting (typically the second Monday of each month at 7:30 PM).
- If you have questions or haven't heard from us in a week, please reach out to us via the web form in the Contact section of [www.GEFD.org](http://www.GEFD.org)

### DIRECTIONS

- Please print your responses. You can fill out the form electronically, but you may not be able to save it unless you have a current version of Adobe Acrobat reader (available free at [get.adobe.com/reader](http://get.adobe.com/reader)). You may want to print each page as you complete it so you don't risk losing your work.
- All responses are required. If a question is not applicable, please enter "N/A" or "None" rather than leaving it blank.
- Information you provide will be kept confidential.
- This application asks for the last four digits of your Social Security number, however, we will eventually need your complete Social Security number to comply with federal law and to conduct a background investigation. We will ask you to furnish your complete Social Security number orally during your interview.
- Sign and date the application on the last page and keep a copy for your records.
- Please attach photocopies of your birth certificate or photo page of your passport and both sides of your driver's license.
- If you're not at least 18 years old, you will need to attach a completed Permission Form for a Minor (included with this document).
- You may return your application and other required documents by email, U.S. Mail, upload them using the web form in the Contact section of [www.GEFD.org](http://www.GEFD.org), or drop them in the locked mailbox adjacent the firehouse front door.

### PERSONAL DETAILS

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Type of application (EMS, Firefighter, Administrative, or Conduit Road Fire Board): \_\_\_\_\_

Home address: \_\_\_\_\_ Home city, state, zip: \_\_\_\_\_

Temp or work address: \_\_\_\_\_ Work city, state, zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_ Last four digits of your Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ City and state of birth: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Emergency contact relationship: \_\_\_\_\_ Emergency contact alternate phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ DL state: \_\_\_\_\_ DL class: \_\_\_\_\_

**EDUCATION**

High school name: \_\_\_\_\_ High school city, state: \_\_\_\_\_

Date of graduation or GED award or highest grade completed: \_\_\_\_\_

If still in high school, guidance counselor name and phone: \_\_\_\_\_

College or trade school: \_\_\_\_\_ College city, state: \_\_\_\_\_

Date of college graduation or last attendance and number of years completed: \_\_\_\_\_

Graduate school: \_\_\_\_\_ Graduate school city, state: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ Highest rank: \_\_\_\_\_

Entry date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Discharge type \_\_\_\_\_

**EMPLOYMENT**

Most recent employer: \_\_\_\_\_ Employer 1 city and state: \_\_\_\_\_

Employer 1 start date: \_\_\_\_\_ Employer 1 departure date: \_\_\_\_\_

Employer 1 manager's name: \_\_\_\_\_ Employer 1 manager's phone: \_\_\_\_\_

Employer 1 job title: \_\_\_\_\_ Employer 1 departure reason: \_\_\_\_\_

2<sup>nd</sup> most recent employer: \_\_\_\_\_ Employer 2 city and state: \_\_\_\_\_

Employer 2 start date: \_\_\_\_\_ Employer 2 departure date: \_\_\_\_\_

Employer 2 manager's name: \_\_\_\_\_ Employer 2 manager's phone: \_\_\_\_\_

Employer 2 job title: \_\_\_\_\_ Employer 2 departure reason: \_\_\_\_\_

3<sup>rd</sup> most recent employer: \_\_\_\_\_ Employer 3 city and state: \_\_\_\_\_

Start date: \_\_\_\_\_ Employer 3 departure date: \_\_\_\_\_

Employer 3 manager's name: \_\_\_\_\_ Employer 3 manager's phone: \_\_\_\_\_

Employer 3 job title: \_\_\_\_\_ Employer 3 departure reason: \_\_\_\_\_

**REFERENCES**

Please list two persons who are not related to you and who are not listed elsewhere on this application. If you know present or former Glen Echo Fire Department members, please include them.

Reference 1 name: \_\_\_\_\_ Reference 1 phone: \_\_\_\_\_

Reference 1 relationship to you: \_\_\_\_\_ Reference 1 years known: \_\_\_\_\_

Reference 2 name: \_\_\_\_\_ Reference 2 phone: \_\_\_\_\_

Reference 2 relationship to you: \_\_\_\_\_ Reference 2 years known: \_\_\_\_\_

**FIRE, RESCUE, AND EMERGENCY MEDICAL SERVICE EXPERIENCE**

If you have fire, rescue, or EMS experience, please provide dates, locations, and names and phone numbers of command personnel. Please also list any relevant certifications you hold or have held (e.g. EMT, CPR, Pro Board, etc.) and expiration dates.

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**GENERAL INFORMATION**

Affirmative responses to questions in this section will not automatically disqualify you; however, providing false or misleading information or omitting materially relevant information may result in your dismissal from the department.

Have you ever been arrested, charged with a crime, or received probation before judgment? If so, provide dates, names of courts, nature of charges, and disposition.

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Have you ever applied to a public safety organization and not been accepted or withdrawn your application, or have you ever been a member of a public safety organization and been disciplined, asked to resign, or dismissed? If so, please provide details.

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How many points are on your driving record and for what offenses? \_\_\_\_\_

What recreational drugs do you use and how often? \_\_\_\_\_

**OTHER QUESTIONS**

Why are you interested in volunteering within the fire, rescue, and EMS service? Did you consider applying to other volunteer fire departments in the area? Was there anything that led you to apply to Glen Echo rather than another volunteer fire department?

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Please help us get to know you by telling us about some of your interests or the other activities in which you regularly participate (e.g. sports, other volunteer opportunities, hobbies, etc.).

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If you're a high school or university student, please answer: If your home is outside the Washington area, do you foresee being able to meet the training and volunteering requirements while in college?

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If you are accepted as a member of Glen Echo Fire Department, what is the earliest date on which you would be available to begin orientation and/or classroom training?

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**AGREEMENT AND AUTHORIZATION**

I certify that information on this application is true and complete, and I understand that submitting false information or omitting materially relevant information may result in my dismissal from the department. I authorize Glen Echo Fire Department to contact third parties and law enforcement agencies for purposes of investigating my background, and I authorize others to release information about me. I understand that information collected on this form is needed to locate information in law enforcement or other databases and/or to comply with federal law.

If accepted as a member, I agree to abide by all department policies, attend monthly meetings, volunteer a minimum number of hours (12 hours per week or its equivalent), and take part in collateral duties such as station or apparatus upkeep or hosting department events. I understand that operational members are required to take classes on an ongoing basis and to acquire and maintain certifications, and that those who do not do so are subject to dismissal. I realize that new members remain on probation for at least one year and that GEFD requires its members to make a minimum overall commitment of two years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Glen Echo Fire Department and Conduit Road Fire Board, Inc. are equal opportunity organizations and do not discriminate.

 Be sure to include photocopies of your birth certificate or photo page of your passport and both sides of your driver's license.

Thank you for taking the time and effort to apply at Glen Echo Fire Department! We look forward to meeting you!



# GLEN ECHO FIRE DEPARTMENT

## PERMISSION FORM FOR A MINOR

If you are an applicant under age 18, please have your parent or guardian complete this form, and then include it with your other application materials.

### DIRECTIONS FOR PARENT OR GUARDIAN

- Please print your responses. You can fill out the form electronically, but you may not be able to save it unless you have a current version of Adobe Acrobat reader (available free at [get.adobe.com/reader](http://get.adobe.com/reader)).
- Sign and date this form and keep a copy for your records.
- Please return this form to the minor for whom you are signing it so that he or she can submit it with his or her application.
- If you have questions, please reach out to us via the web form in the Contact section of [www.GEFD.org](http://www.GEFD.org)

### ATTESTATION

I, (parent or guardian full name) \_\_\_\_\_, hereby give

consent for my son or daughter, (name of son or daughter) \_\_\_\_\_, to participate in the fire, rescue, and emergency medical service. I realize that he or she will perform all duties expected of a volunteer firefighter or emergency medical technician, and I am aware of the hazards that can be involved in those activities.

I have reviewed my son's or daughter's application and believe that it is complete and accurate.

My son or daughter and I have discussed the substantial time commitment (12 hours per week or its equivalent) involved in training for and volunteering within the fire, rescue, and emergency medical service, and my son or daughter and I are both confident that he or she will be able to meet Glen Echo Fire Department's expectations.

Parent address: \_\_\_\_\_ Parent city, state, zip: \_\_\_\_\_

Parent home phone: \_\_\_\_\_ Parent work phone \_\_\_\_\_

Parent mobile phone: \_\_\_\_\_ Parent email: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Parent signature date: \_\_\_\_\_

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