

HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC.

Application for Membership

P.O. Box 79
Hollywood, MD 20636
(301) 373-3131

☐ Active ☐ Associate ☐ Designated Emergency Driver ☐ Junior ☐ Cadet

Full Name: _____ Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____ Email Address: _____

Sex: _____ Age: _____ Race: _____

Physical Address: _____

Mailing Address (if different from physical): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Relation: _____

● Do you have any physical or medical conditions that would prevent you from strenuous activity involved in emergency care?
If yes, explain.

● Do you have Emergency Medical Experience? If yes, where?

Training Obtained: ☐ EVOC ☐ CPR ☐ EMT-B ☐ EMR ☐ PARAMEDIC (Must provide certification cards)

● Are you a member of good standing with any other fire or rescue department? If yes, where?

● Have you ever been convicted of a crime? If yes, explain. If you are 18 years or older, you are subject to a background investigation.

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

Please provide two personal or professional character references (not related to you):

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

Address: _____

I certify everything listed above is true to the best of my knowledge. I understand false statements are grounds for immediate rejection or dismissal. If accepted, I agree to complete a pre-basic program, follow all Standard Operating procedures and abide by all By-laws as set forth by the department.

Applicant Signature: _____ Date: _____

Parent Guardian Signature (if under 18): _____ Date: _____

**Application may be submitted in person @ HVRS on Thursdays after 7:00 P.M. Or can be mailed to HVRS P.O. Box 79
Hollywood, MD 20636**

**Volunteer Employment
Consent/Release Form
St. Mary's County Volunteer Emergency Services**

Applicant's Name: _____
Social Security Number: _____ Date of Birth: _____
Applicant's Physical Address: _____
City: _____ State: _____ Zip Code: _____

I, _____, authorize and give consent for _____ to
obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
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I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with St. Mary's County guidelines.

Print Name: _____ Date: _____
Signature: _____