



**SANDY SPRING  
VOLUNTEER FIRE DEPARTMENT**

POST OFFICE BOX 295  
SANDY SPRING, MARYLAND 20860-0295  
301-774-7400

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**APPLICATION FOR MEMBERSHIP**

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Position Applying For:  Firefighter       Firefighter & EMS       EMS Only       Administrative  
 Junior (16 or 17 years of age)       Auxiliary

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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In Case of Emergency, Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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High School: \_\_\_\_\_ Address: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Date Graduated: \_\_\_\_\_ Date of GED: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Address: \_\_\_\_\_ Credits Earned: \_\_\_\_\_

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Current Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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