

SANDY SPRING

VOLUNTEER FIRE DEPARTMENT

POST OFFICE BOX 295
SANDY SPRING, MARYLAND 20860-0295
PHONE: 301-774-7400 FAX: 301-774-4821
WWW.SSVFD.COM

APP	LICATION FOR	MEMBERSHIP			
Position Applying For: [] Fin	efighter & EMS [] EMS (Only [] Junior (16 or 17 years of age) [] Auxiliary			
Last Name:	First Na	me:			
Middle Name:	Maiden I	Name (if applicable):			
Address:		Home Phone:			
City: St	ate:Zip:	Work Phone:			
Social Security #:		Cell Phone:			
Driver's License #:	State: _	Date of Birth:			
E-Mail Address:					
In Case of Emergency, Please Not	ify:				
Address:	City:	State: Zip:			
Home Phone:	Work Phone:	Other:			
Doctor's Name:	Phone	#:			
High School:	Addre	ss:			
Highest Grade Completed:	Date Graduated: _	Date of GED:			
College Attended:		Degree Earned:			
Address:		_ Credits Earned:			
Current Employer:		Position Held:			
Address:	City:	State:Zip:			
Phone #:		Dates Employed: From To			
Previous Employer: :					
Address:	City:	State:Zip:			
Phone #:		Dates Employed: From To			

1. Name:			Phone #:		
Address:	City: _			_ State:	Zip:
2. Name:			Phone #:		
Address:	City: _			_State:	Zip:
3. Name:			Phone #:		
Address:	City: _			_ State:	Zip:
1. Have you ever applied to this Department before?	□ Yes	□ No	If yes, date:		
2. Have you ever been a member of Sandy Spring VFD?	□ Yes	□ No	If yes, date:	-	
3. Have you ever served in another fire department?	□ Yes	□ No	If yes, date:		
Name of Department:					
Address:	City: .			_ State:	Zip:
Address: Phone #:					Zip:
	Dates o	f Service	e: From to drive:	To)
Phone #: 1. List the types of fire/rescue vehicle(s) you have been as	Dates o	f Service	e: From to drive:	To)
Phone #: 4. List the types of fire/rescue vehicle(s) you have been as a b	Dates of uthorized/	f Service	to drive:	To)
Phone #: 4. List the types of fire/rescue vehicle(s) you have been at a b 5. State the highest rank you have held: 6. List any Fire/Rescue/EMS or related courses you have the certificates earned. a b b b	Dates of uthorized/	f Service	to drive:	d	ch a photocopy of a
Phone #:	Dates of uthorized/	f Service	to drive:	d	ch a photocopy of a
Phone #:	Dates of uthorized/	f Service	to drive:	d	ch a photocopy of a
Phone #:	Dates of uthorized/	f Service	to drive:	d	ch a photocopy of a

1.	Has your driver's license ever been suspended/revoked? □ Ye	es □ No
	If yes, please explain circumstances, and include dates of suspensi	on and reinstatement.
2.	Have you ever been convicted of a criminal offense in adult court. If yes, give details, including charge, location, and disposition of c	
an sh or	the undersigned, certify that I have read and fully understand this for domplete to the best of my knowledge. I authorize the investigual any statement I have made prove to be false, misleading or er in my discharge from the Sandy Spring Volunteer Fire Department.	gation of all statements made herein. I understand that roneous, it may result in the rejection of my application
If	nereby authorize a police record check to be conducted as per Articelected to membership, <i>I agree to provide a certified copy of my d</i> y own expense.	
co	further understand that my membership is dependent upon my s nducted by Montgomery County's Occupational Medical Section peal to the Montgomery County Fire and Rescue Commission.	
	oon resignation or termination of my membership, I agree to returnited to radio, protective gear, uniforms, and any other items entrus	
Αŗ	oplicant's Signature:	Date:
Pa	rent/Guardian's Signature:	Date:
(If	Sapplicant is under the age of 18)	
Da	ate Application Submitted:	Method (Circle One): Online Mailed Dropped Off
	* * * For Office Use Only ADMINISTRATIVE RI	For Office Use Only * * *
	te Received:	
	oto: Fingerprint: Driving Record:	
MC	CPD Check: Interview Date: Physical Exa	m Date: Probationary Date:
Re	ference Check: Name of Ass	signed Mentor:

MINIMUM REQUIREMENTS FOR MEMBERSHIP

APPLICATION PROCESS

- 1. Mail application to the Sandy Spring Volunteer Fire Department, P.O. Box 295, Sandy Spring, Maryland 20860-0295
- 2. Attend Regular Business meeting to be introduced to membership on third Wednesday of the month, 8:00 p.m. at Station 4
- 3. Complete physical examination by County Medical Section includes stress test and drug screening (forms mailed to applicant; this does not apply to Administrative and Auxiliary membership)
- 4. Complete fingerprinting by County Fire Marshal for criminal background check (make appointment at same time as physical)
- 5. Attend in-depth interview by Membership Committee

PROBATIONARY PERIOD

- 1. One year probationary period for training
- 2. Assigned mentor

BASIC TRAINING

- 1. Thirty hour Orientation includes:
 - a. American Heart Association CPR
 - b. In-house familiarization with ambulances (job descriptions, equipment location, equipment functions)
 - Brief Public Safety Training Academy (PSTA) classes includes breathing apparatus familiarization, hazardous materials awareness, blood borne pathogens, cultural diversity/EEO
 - d. Upon completion, a written /practical examination to ride as trainee
 - e. Similar unit orientation, without PSTA classes, for engine, rescue squad, and truck
- 2. Emergency Medical Technician Basic
 - a. Taught at the PSTA
 - b. 130 hours in length (classroom, ambulance, hospital emergency department)
 - c. Average of four courses in fall/spring meeting on weeknights or one or two weekend days (see posted schedules)
- 3. Essentials of Firefighting I & II
 - a. Taught at the PSTA one weeknight and one weekend day
 - b. 162 hours in length

STANDBY DUTY PERIOD

- 1. Twelve hours per week, with sleepover.
- 2. Pro-rated leave periods

OTHER REQUIREMENTS

- 1. Mandatory attendance at Regular Business meetings on third Wednesday of the month, 8:00 p.m. at Station 4
- 2. Junior members a C average in EACH subject; must submit report card each marking period
- 3. Junior members 10:00 p.m. curfew on school nights, midnight on other nights

BENEFITS

- 1. Free training and uniforms/protective gear
- 2. Medical, life and compensation insurance while on duty
- 3. Length of Service Awards Program (LOSAP)
- 4. Meal reimbursement for duty periods
- 5. College tuition reimbursement for fire/pre-hospital care related courses
- 6. Maryland state income tax deduction

MEMBERSHIP CATEGORIES

- 1. <u>Active Membership</u> minimum age for Active membership is 18. Active members are required by the Bylaws of the Department to take part in all functions of the fire department. There are two subcategories:
 - a. Firefighter Firefighters serve in the area of fire suppression as well as emergency medical services. Within first year, a firefighter must obtain training in both areas. This training is provided at the Public Safety Training Academy. Later, specialized training is available in areas such as a paramedic, hazardous materials, special extrication, and swiftwater rescue.
 - b. Emergency Medical Services EMS members are primarily involved in the area of emergency medical services and are limited in the fire suppression area. Training of those members is modified accordingly.
- 2. <u>Junior Membership</u> this classification is for individuals 16 and 17 year of age to prepare for Active membership. All of the above descriptions apply to Junior members.
- 3. <u>Auxiliary Membership</u> the minimum age for Auxiliary membership is 16. These members serve the fire department in a supportive role. The Auxiliary holds its own monthly meetings and has its own officers. Auxiliary members are not required to meet any of the requirements of the other membership classifications.

Additional Room to answer Questions: