

Goodwill Fire Co., Inc.

Centreville, MD



Company Entry Level

Membership Application

Goodwill Fire Co., Inc.

212 Broadway
Centreville Maryland 21617
EST. Oct 28, 1889

General Information

Application Date: _____

Applying for the following Membership type:

Fire/Active ___ **EMS/Active** ___ **Fire/Associate** ___

EMS/Associate ___ **JR. Fireman** ___ **Transfer** ___

Applicant's Name: _____

Current Address: _____

City/ State/ Zip code: _____

Telephone #: Home: _____ **Work** _____

Cell: _____

How long have you lived at your current address? _____

Social Security Number: _____

Class and Driver's License #: _____

State issued from: _____ **Current points on license (if known)** _____

Date of expiration: _____ **Has Your License ever been suspended:** _____

If yes to previous question, briefly explain: _____

Date of Birth: _____ **Age:** _____

Married: ___ **Single:** ___ **Widowed:** ___ **Divorced:** ___ **Other:** ___

Highest level of Education attained: _____

Name of last Educational institution attended: _____

Date of Graduation: _____

Have you served in the Armed Forces: _____ **Branch:** _____

Type of Discharge: _____ **Date of:** _____

Were you ever rejected from the Armed Forces? _____

Current Occupation: _____

Employers Name: _____

Employers Address: _____

Employer's Telephone #: _____

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Previous Employer: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone #: _____

In Case of Emergency contact: _____

Address: _____

Relationship: _____

Telephone #: _____

Have you ever been arrested or in the custody of any Law Enforcement Agency? If yes, please provide any pertinent information regarding this/these incident(s): _____

Have you ever convicted of a criminal act, or have criminal charges pending? If yes please provide any pertinent information regarding this/these incident(s): _____

References: Please provide the names of three individuals not related to you that you have known for at least one year.

Name	Address (including zip code)	Years known

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Are you a member of any Fire, EMS, or Rescue Department? _____

Company Name: _____

Have you previously belonged to any other Fire Department(s)? _____

Position: Career: _____ Volunteer: _____

Department Name: _____

Reason for leaving: _____

Have you ever been rejected, suspended, or expelled from this or any other
volunteer Fire, EMS, Rescue Company? If yes, please explain why: _____

Did you hold any office? Please list: _____

Previous experience:

Fire: _____

Administration: _____

Emergency Medical Services: _____

Other Helpful Information: _____

Medical Information: Do you have, or have had, any of the following conditions? If
so, please explain in the comments section below:

Condition	Yes	No
Allergies		
Allergies to Medications		
Mental or Emotional Disorders		
Alcohol or Substance Abuse		
Physical Impairments		
Hearing Impairments		
Coronary Related Impairments		
Diabetes		
Convulsions or Seizures		
Respiratory Diseases		

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Please explain applicable health issues from the grid above, as well as any other issues here: _____

When was your last complete physical: _____

Physician's Name: _____

Office Address: _____

Office Telephone #: _____

Designation of Beneficiary:

I, (Print name) _____, am a member of the Goodwill Fire Company inc., and I am aware that as a member of the company there are insurance policies and other programs, either by law or by other sources which, in the event of injury to me or my death, may pay benefits to me or to certain beneficiaries. To that extent I have the right to name a beneficiary for any/all of such policies/programs. I hereby designate the following in the order listed, as such:

1. _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

In the event that/those person/persons is/are not alive, then:

2. _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

If there is no living beneficiary listed, then:

3. To My Estate:

Collected and Signed at Centreville, Maryland, this _____

Day of _____, 20____

Member Application

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Applicant's Name:

Print: _____ **Signature:** _____

Witness:

Print: _____ **Signature:** _____

Read the following statement carefully before signing:

I hereby authorize the Goodwill Fire Company, inc. to investigate all statements contained in this application. To the best of my knowledge all statements and answers which I have given you are true, accurate, and correct. I understand that misrepresentation or omission of facts may result in nullification of this application or subsequent membership based on its contents.

Signature: _____ **Date:** _____

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Substance Abuse Policy

Goodwill Fire Co., Inc. has always had a firm policy and intent to maintain a Drug-Free Membership. The dangers which impaired members expose to themselves and to fellow members are extremely serious. In order to minimize risks to you and to others, we have adopted this substance abuse policy.

This policy will:

1. Explain the definition of terms used in the policy.
2. Detail what actions will be in violation of the policy.
3. Indicate what penalties may be imposed on members for substance abuse.
- A. The following are definitions for words used in this policy.
 1. "Substance" means alcohol or drugs.
 2. "Alcohol" means ethyl alcohol or ethanol.
 3. "Drugs" means any substance, including controlled dangerous substances taken into the body, other than alcohol, which may impair one's mental faculties, change one's mood and/or physical performance.
 4. "Abuse" means:
 - (a) And use of illegal drugs.
 - (b) Intentional misuse of any over-the-counter drug, in cases where such misuse impairs job performance or conduct.
 - (c) Use of any prescription drug in a manner inconsistent with its medically prescribed, intended use, or under circumstances where it is not permitted.
 - (d) Use of alcohol where such use impairs job performance or conduct.
 - (e) Intentional and inappropriate use of any substance, legal or illegal, which impairs job performance or conduct.
 5. "Membership" means as defined by ARTICLE VI of Goodwill Fire Co., Inc. Constitution and By-Laws.
- B. The Goodwill Fire Co., Inc. establishes and adopts the following substance abuse policy:
 1. Members are prohibited from unlawfully manufacturing, distributing, dispensing, possessing, or using a controlled substance.
 2. Goodwill Fire Co., Inc. will not accept membership for anyone who is known to currently abuse drugs or alcohol.

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3. All members must report for duty in a fit condition to perform their duties, where those duties are for emergency or non-emergency activities. Reporting for duty under the influence of drugs or alcohol is a violation of this policy and shall subject the member to disciplinary action. Members using prescribed or over-the-counter drugs which could prevent one from performing one's job in a safe of productive manner must report this fact to the highest ranking departmental officer available.
4. All members on official business, on the behalf of the department, are prohibited from purchasing, transferring, using, or possessing illegal drugs or from abusing alcohol or prescription drugs in any way that is illegal.
5. Any member who is convicted of a violation or a criminal drug statute or receives probation before judgment must notify the department of guilt within five days of conviction. Any member who is convicted of a violation of a federal or state criminal drug statute will be subject to disciplinary procedures, up to and including immediate removal from membership.
6. Pre-membership drug screening will be done prior to application being presented to full department membership. In the event of a positive test, the application will be withdrawn for membership consideration. Applicant will be notified the evening prior to the drug screening by the membership committee chairperson or their designee. In the event of a positive result, the applicant will be responsible for all costs.
7. Post-accident with personal injury will require a mandatory drug test. Post-accident without personal injury will be tested at the discretion of the office in charge. If he/she deems a test necessary, one will be required. The President or a member or the Board of Directors must be notified immediately if such action is required.

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Pre-Membership Drug Screening Test Release Form

I understand that the Goodwill Fire Co., Inc. has a Substance Abuse Policy and is committed to making a good faith to insure a safe, secure, and drug-free workplace for its members consistent with the Drug Free Workplace Act of 1988. I also understand that Pre-Membership Drug Screening is being used to help fulfill this objective.

I herby agree to submit to a drug screen urinalysis, and I release the Goodwill Fire Co., Inc., its agents and members, and any medical personal acting on its behalf from any and all claims or causes of action arising from obtaining and testing the specimen and releasing the test results to the Goodwill Fire Co., Inc.

I authorize the Goodwill Fire Co., Inc. and physicians, nurses, or medical technicians action on its behalf to obtain a urine specimen to determine whether I have abused drugs or other controlled substances.

The sample will be tested by a federally-certified drug testing laboratory, and the results will be sent to the Medical Review Officer (MRO) for review. After evaluation, the MRO will notify both you and the Goodwill Fire Co., Inc. of the findings. The results will not be released to anyone else.

I further understand that if the MRO determines that the test results were positive, the Goodwill Fire Co., Inc. will not consider me for membership and that any cost incurred for the drug-screening are my responsibility.

I further certify that I (please circle one) AM or AM NOT currently enrolled in a substance abuse rehabilitation program.

Signature

Date

Note: You must show a photo identification, such as a driver's license, to positively identify yourself to the person obtaining your urine specimen.

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Applicants under the Age of 18

All applicants under the age of 18 must have the consent of their parents or legal guardians.

We give you consent for the above applicant to participate in the activities of the Goodwill Fire Company, inc.

Signature: _____ Date: _____

Investigative Report

Employer Check: _____

Previous Fire Companies: _____

Any other information: _____

Investigator: _____

Date Completed: _____

Investigating Committee

Date of First Reading: _____

Date accepted as a Member: _____

Type of Membership: _____

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Interview Report

Candidate: Yes _____ No _____

Date: _____

Interview Committee:

_____ Yes ____ No _____

_____ Yes ____ No _____

_____ Yes ____ No _____

Notes from Interview: _____

Committee Recommendations (if any): _____

The entire interview and investigative review should not take longer than 60 days from application receipt.