



Emergency ID# _____ (assigned by LOSAP committee)
 (enter your 4 digit number if assigned one previously by Howard County)

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home (____) _____ Cell (____) _____ DOB ____ / ____ / ____
 Email _____ Soc Sec# _____
 Height ____ ft ____ in Weight _____ lbs
 Driver's License # _____ State _____ Class _____

Are you interested in: Fire EMS Associate (Ckeck all that apply)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home (____) _____ Cell (____) _____

REFERENCES (please list two references other than relatives that we may contact)

Name _____ Relationship _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home (____) _____ Cell (____) _____
 Name _____ Relationship _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home (____) _____ Cell (____) _____

REFERRED BY

Name _____

DEPARTMENT ACQUAINTANCES

Are you acquainted with any members of the Ellicott City Volunteer Fire Department and/or Howard County Department of Fire & Rescue? _____ Please Provider Names _____

PREVIOUS MEMBERSHIP

Have you ever applied for membership in this department? YES NO If yes, when?

Have you ever been a member at any other fire department YES NO If yes, when?

Department Names	Department Address

LIMITATIONS

Do you have any physical disabilities or limitations that would prevent you from performing the job responsibilities? (i.e. climbing ladders, carry heavy weight, lifting patients, etc)

NO YES (please describe)

MILITARY TRAINING

Do you have any military training? NO YES (which branch?) _____

EDUCATION/TRAINING: what is your highest level of education?

List name(s) and date(s) of high school(s) and/or college(s) you have attended:
List educational training/apprenticeship, background (including trade schools, vocational programs:

List education related to fire fighting/EMS courses and dates attended, including location. Attach certificates of completion

Course Title	Date(s) Attended	Location of Course

CURRENT EMPLOYMENT

Employer _____ Supervisor _____

Street Address _____

City _____ State _____ Zip Code _____

Home (____) _____ Date of Hire _____

CRIMINAL HISTORY

Include any convictions, probations (PBJ's) and arrests (even if charges were dropped). Include all felonies, misdemeanors and serious traffic violations (DUI, Driving Suspended, Hit and Run). If none, please enter none in the space provided.

Date	Charge	Disposition

YOU MUST INCLUDE A COPY OF YOUR DRIVERS LICENSE OR STATE ISSUED ID , AND SOCIAL SECURITY CARD WITH THIS FORM.

YOU WILL BE NOTIFIED WHEN AN INTERVIEW FOR MEMBERSHIP IS SCHEDULED.



**Ellicott City Volunteer Fireman's Associations, Inc
P.O. BOX 292
Ellicott City, Maryland 21041-0292**

I understand that if accepted as a PROBATIONARY MEMBER, I must successfully complete a minimum six month probation period as establish by the Department before receiving all the rights and privileges of a FULL ACTIVE MEMBER.

I agree to abide by the Articles of Incorporation, By-Laws, rules and regulations of the Ellicott City Volunteer Fire Department and to take care of all fire department equipment issued to me. I agree to return all fire department issued equipment upon my resignation from the department, my dismissal from the department, or upon the request of any officer of this department.

On this _____ day of _____, _____

APPLICANT SIGNATURE _____ DATE _____

PARENTAL RELEASE (under 18 years of age)

I GIVE MY PERMISSION FOR _____ TO PARTICIPATE IN ACTIVITES OF THE ELLICOTT CITY VOLUNTEER FIREMEN'S ASSOCIATION, INC. I UNDERSTAND THE FULL HAZARDS AND RISKS MY SON/DAUGHTER WILL BE EXPOSED TO.

I ALSO AGREE TO ATTEND AN INVESTIGATIVE COMMITTEE INTERVIEW WITH MY CHILD.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



Ellicott City Volunteer Fireman's Association's Inc
P.O. BOX 292
Ellicott City, Maryland 21041-0292

SUBSTANCE ABUSE POLICY
July 1, 2004

Policy: To ensure that the members of ECVFA and the public are not endangered as a result of substance abuse by an individual of this department.

DEFINITIONS

Department: The Ellicott City Volunteer Firemen's Association, Inc.

On Duty: Any time a member is acting on behalf of the department. Includes but is not limited to:

1. Responding to the station
2. Performing emergency operations
3. Stand-by in the station
4. Attending meetings or training authorized by the department or county
5. Administrative duties or functions
6. Details, public education or any non-emergency activities associated with the department

Alcohol: Means: ethyl alcohol or ethanol

Drugs: Any substance, including non-prescription medications, which may impair one's mental faculties or prescription medication in any manner that is contrary to the laws of the State of Maryland.

Abuse:

1. Use of an illegal substance as defined by State and Local laws
2. Prescription drugs used in a manner other than that prescribed by a licensed physician
3. Use of non-prescription medication in a manner other than that suggested by the manufacturer or physician
4. Use of any prescribed or non-prescription medication that may impair one's ability to drive or operate apparatus or reduce one's ability to function at a full performance level
5. Any Alcohol use by any member under the age of 21
6. Any Alcohol use prior to reporting for duty which may impair one's ability to function at a full performance level
7. Any Alcohol use while on duty

DRUG AND ALCOHOL SCREENING POLICY

Testing Groups:

1. CDL Drivers
2. Non-CDL drivers
3. All Members (refer to the by-laws for applicable persons)
4. New Member Applicants

Method for Testing:

1. Drivers – CDL Drivers at their annual DOT physical, all non-CDL on an annual schedule date
2. Reasonable Suspicion – When one’s behavior becomes contrary to their expected norm
3. Any vehicle accident involving personal injury or property damage
4. Random Testing – The Board of Directors will be responsible for determining the methodology and procedure for random testing
5. Entry Level Testing

Test Conducted by:

1. CDL drivers will be tested by the County Vendor for DOT physicals
2. Non-CDL drivers will be scheduled for testing by a vendor chosen by the Board of Directors
3. Random Testing will be conducted by a vendor who complies with the direction of the Board of Directors
4. Entry Level physicals shall include drug screening by the County Vendor at time of pre-employment physical

Testing Levels:

Will conform to the Howard County Department Fire and Rescue requirements. Refer to applicable policy or directive.

Test Results:

1. *Maintenance of Test Results*-Test Results will be held in strictest confidence with the member, the Department Chief and/or any necessary program administrators
2. *Positive Test Results*-Meaning the member has tested positive for either drug or alcohol use. The member will be called into a meeting with the Chief and the President of the Board of Directors and will be advised of the results.
3. A positive result will mandate the automatic placement of the member on suspension until:
 - a. The member may, at the member’s expense, have a second test done on the same specimen.
 - b. If the second test result’s indicates that the first test was a false test, the member will be reinstated and reimbursed for the test.
 - c. If the member elects no to have a second test or if the second test confirms the test was a true positive, then the member will be removed from membership rolls and all privileges will be terminated.

FAILURE TO TAKE TEST WHEN ORDERED OR SCHEDULED

Any member who fails to report for a substance abuse test will automatically be placed on suspension until the Chief of the Department has conducted an investigation including an interview with the member. If the Chief can find just cause, the member may be reinstated and rescheduled for testing. If the Chief cannot find just cause, the member will be terminated from membership.



**Ellicott City Volunteer Fireman's Association's Inc
P.O. BOX 292
Ellicott City, Maryland 21041-0292**

MEMBER ACKNOWLEDGMENT

I have read and understand the attached Substance Abuse Policy (the Policy) and understand that I am required to comply for purposes of my continued employment with the department.

I understand that any substance abuse tests administered pursuant to this Policy will be administered by a laboratory which meets the requirements of the Maryland Code Annotated, Health General Article, Section 17-214 (b)(1)(I). I also understand that at the time of testing, at my request, the Department will inform me of the name and address of the laboratory that will test the specimen.

I also understand that at my request and expense, the sample may be tested again for verification of the results by an independent laboratory which conforms to the requirements of Maryland Code Annotated, Health General Article, Section 17-214 (b)(1)(I).

I hereby authorize any physician, laboratory, hospital or other medical professional or facility retained by the Department to conduct such testing and to release the results to the Department.

I also understand that all space within the fire station and outside the station belongs to the Department. Therefore, I understand that the Department has the right at any time and for any reason, or no reason at all, to search and inspect any space within the Station and on the grounds. This includes all clothing, such as turn out gear, issued to me, and any personal property owned by the Department that I use, such as beds, lockers, desks, etc. I understand that everything everywhere on the Department grounds is subject to search and inspection, except my person. My person is subject to search only if a Department officer has a reasonable suspicion that I have on my person anything the possession of which is a crime.

APPLICANT SIGNATURE _____

DATE _____

PRINTED NAME _____

PLEASE SIGN AND RETURN ONLY THIS PAGE WITH YOUR APPLICATION.
THE POLICY IS FOR YOUR INFORMATION PURPOSES.