

If applicant is under eighteen (18) years of age, a parent or legal guardian must complete the following:

I do hereby consent that my son or daughter _____, who is _____ years of age, may join and participate fully in all functions and duties associated with the Savage Volunteer Fire Company, Incorporated, Savage, Maryland, and I do hereby exonerate and discharge the Savage Volunteer Fire Company, Incorporated and its agents, servants, and employees from any and all claims which I may have in the future by reason of any injury or damage to my said son or daughter for any reason whatsoever.

Witness my hand and Seal this day of _____ 20____ **Signature:** _____
(Seal)

Witness: _____, **Notary Public. My commission expires:** _____

Note: The Savage Volunteer Fire Company, Inc. requires all applicants under the age of eighteen (18) to secure a work permit and submit the same with this application.

The Savage Volunteer Fire Company Inc. requires all applicants to submit to a complete medical physical examination within 30 days of acceptance as a trial member in the Company. Failure to complete the physical or failure to pass the physical will result in denial of full membership. Applicants must produce a current copy of their driving record at time of interview.

YOUR APPLICATION WILL BE PROCESSED AS QUICKLY AS POSSIBLE. THE SVFC BYLAWS STATE THAT THE APPLICATION OF ANY PERSON FOUND UNSUITABLE FOR MEMBERSHIP BY THE COMMITTEE SHALL SIMPLY BE NOTED AS REJECTED AND FILED ACCORDINGLY.

THE SAVAGE VOLUNTEER FIRE COMPANY INC. IS AN EQUAL OPPORTUNITY ORGANIZATION AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, GENDER, AGE, NATIONAL ORIGIN, OR SEXUAL ORIENTATION.

I HEREBY AFFIRM THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE DISAPPROVED AND/OR MY MEMBERSHIP SHALL BE TERMINATED WITH THE SAVAGE VOLUNTEER FIRE COMPANY, INCORPORATED, SAVAGE, MARYLAND 20763. IF VOTED INTO FULL MEMBERSHIP, I UNDERSTAND THAT IF I DO NOT COMPLY WITH THE CONSTITUTION, BYLAWS AND ANY OTHER REQUIREMENTS OF THE COMPANY, MY MEMBERSHIP WILL BE TERMINATED. I WILL COMPLETE ALL NECESSARY TRAINING REQUIREMENTS TO BE A FULLY FUNCTIONING, COMPETENT FIREFIGHTER AND/OR EMERGENCY MEDICAL TECHNICIAN.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

I HEREBY AUTHORIZE THE SAVAGE VOLUNTEER FIRE COMPANY, INC. OR IT'S REPRESENTATIVE TO CONDUCT A BACKGROUND INVESTIGATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Recommendation of Membership Committee: Accept: _____ Not Accept: _____ (If not accepted, explain)

Date: _____

Action by Company: Voted in for Trial Membership: _____ NOT Voted in for Trial Membership: _____

If not voted in, explain: _____ Date: _____

NOTE: WHEN COMPLETED, THIS APPLICATION BECOMES THE PROPERTY OF SAVAGE VOLUNTEER FIRE COMPANY INC. 8925 LINCOLN STREET, SAVAGE, MARYLAND 20763.

SAVAGE VOLUNTEER FIRE COMPANY, INC.
8925 Lincoln Street - P.O. Box 905 - Savage, Maryland 20763
(410) 880-5803 - (410) 880-5806 - (301) 498-5061 - Fax: (301) 725-4135

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize the Savage Volunteer Fire Company Incorporated ("SVFC") and its independent contractor Background America, Inc. ("BAI") to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verification; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving records/history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may contain information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to BAI that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the SVFC and BAI, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release SVFC, BAI and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

COMPLETE RESIDENCE ADDRESS: _____

SOCIAL SECURITY NO.* _____

DAYTIME PHONE NO. _____

DRIVER LICENSE NO. _____ STATE: _____

DATE OF BIRTH:* _____ GENDER:* _____

* This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.