



Ocean Pines Volunteer Fire Department, Inc.
911 Ocean Parkway
Ocean Pines, MD 21811
410-641-8272
Fax: 410-641-6964

I hereby acknowledge receipt of a Membership Application for the Ocean Pines Volunteer Fire Department.

Name: _____

Address: _____

Phone: _____

Signature: _____

Person Giving Application: _____ Date: _____

Place Completed Form and a Copy of the Applicants Driver's License in the President's Box.



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Employer Information:

List Present Job and the Last 5 Years

To / From	Name:	Address:	Phone Number:

References:

List Three

Name:	Address:	Phone Number:

List organizations to which you belong:



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Served in Any Armed Forces: Yes _____ No _____

Type of Discharge: _____

Except for Minor Traffic Violations have you ever been arrested?
Yes _____ No _____

Do you have any Physical Defects, Disease or Disabilities?
Yes _____ No _____

If you Answered Yes to any of the Questions Above, Please Explain Below:

List any previous Training below:

Please Enclose Photocopies of Wallet Cards, Certificates, Etc.
