

## *Application Packet*

Thank you for your interest in the Singerly Fire Company, we appreciate your interest and are eager to begin the application process. To proceed with the Application Process please review this Application Packet, complete and return all items requested. An Application Check List is included to ensure that items are not forgotten.

The American Fire Service is a proud tradition that was built with and continues today because of Volunteers all around the nation. We are honored that you have chosen Singerly and glad that you have taken the first step towards building upon this great legacy.

As a volunteer you can choose any combination of Fire, Emergency Medical Services (EMS) or Administrative specialty; Training for Fire and EMS provides college credits and is provided free of charge to the volunteer through the University of Maryland's Fire and Rescue Institute (MFRI) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Administrative members are able to share skills developed through personal and professional experiences to help keep the Singerly Fire Company moving forward.

Volunteering at Singerly takes a tremendous commitment, with over 200 hours of formal classroom training and in the field clinical training hours to receive an initial EMT Certification and over 150 hours of formal classroom and hands on training to obtain a Firefighter 1 Certification; and that's just the beginning. The Certification possibilities are endless and volunteers spend countless hours every year training to refresh their skills, obtain new certifications and fine tune their skills.

Singerly handles nearly 1500 Fire/Rescue incidents and over 6000 EMS incidents each year and continues to grow. This call volume creates the need to constantly bring in new members that are eager to train, prepare for incidents and provide a service to the community. Apparatus, Equipment and Supplies must be routinely inspected to ensure its optimal working condition to support the efforts of mitigating these incidents.

Please complete all 3 sections of the application paying close attention to all instructions and return Sections 1 and 2 of the completed Application Packet to us. The application packet can be placed in the secure Application Drop Box located to the rear of Station 13 at 300 Newark Avenue. It is of the utmost importance that all forms be completed to their fullest extent and all requirement documents attached, as applications that are not complete will be returned.

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What should I expect next? Singerly welcomes new members every other month on odd months. All background checks must be returned to us by the external agencies before we can continue with the application process. These checks can take up to 6 weeks to be returned to us. Once all background information has been received, we will reach out with next steps in the application process. Please keep this information in mind when submitting your application.

**PLEASE BE ADVISED – An email address is required. All communication regarding your application will be sent to the email address supplied on your application. Please be sure to print clearly and check your junk mail boxes for emails from Singerly regarding your application.**

Any questions, please reach out to [membership@singerly.com](mailto:membership@singerly.com)

**Singerly Fire Company – Application for Membership**

**Section 1 - Please return to SFC**

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Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email (*Required*) : \_\_\_\_\_

Specialization(s) Desired: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Fire

***Signature of parent or legal guardian if individual is under the age of 18.***

EMS

Print Name of Parent/Guardian: \_\_\_\_\_

Administrative

Signature of Parent/Guardian: \_\_\_\_\_

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**Application Checklist**

**Please include any applicable information when returning your application. Failure to include required information will delay your application.**

- Completed Application Packet
- Copy of Photo ID
- Copies of fire service related certifications and/or transcripts
  - Not Applicable
- Copy of latest Report Card (applicants in High School)
  - Not Applicable
- Letters confirming membership of any previous fire or EMS departments in which the applicant has held a membership in within the last five (5) years.
  - Not Applicable
- Copy of DD214 (those applicants who have served in the armed forces within the last five (5) years)
  - Not Applicable
- Completed Background Check Release Form
  
- Please check here if you are CCST Fire Science student

**Singerly Fire Company – Application for Membership**

**Employment Record** – Please list Current Employer and All Former Employers for the last five (5) years. You may use additional paper to continue your response. Please include your name on all additional pages.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

**Singerly Fire Company – Application for Membership**

**Previous Fire Company / EMS Company Experience – Past 5 years (add additional sheets of paper if more space is needed)**

**\*\*A letter on company letterhead must be submitted with the application for each department\*\***

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Membership Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Membership disposition: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Membership Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Membership disposition: \_\_\_\_\_

**Personal References**

1. Name: \_\_\_\_\_ Relation / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Except for minor traffic violations, have you been arrested or charged in connection with any violation of any law:

\_\_\_\_ Yes      \_\_\_\_ No      Were you convicted?      \_\_\_\_ Yes      \_\_\_\_ No

Disposition and Dates \_\_\_\_\_

If yes, please explain \_\_\_\_\_

I, \_\_\_\_\_, declare that statements in this application and in accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

# Singerly Fire Company

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of Singerly Fire Company, whether said records are of public, private or confidential nature, and regardless if the information may be derogatory in nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, (including credit reports and/or ratings); employment and pre-employment records including background check, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records; financial statements and records including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, to include the records of recollections of attorneys at law or of other counsel, whether representing me or another person in any other case in which I presently have, or have had an interest. It is my specific intent, therefore, to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein for the purpose of determining suitability for employment with Singerly Fire Company.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by Singerly Fire Company.

I agree to indemnify and hold harmless the person to whom the request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me. A photocopy of the release form will be as valid as an original hereof; even though said photocopy does not contain an original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Witness: \_\_\_\_\_ (Printed) \_\_\_\_\_ (Signature)

## **Child Protective Services/Adam Walsh Background Clearance Packet**

### **Section 2**

Please complete all highlighted sections of the following form. This form must be notarized prior to submitting with your application. Un-notarized forms cannot be processed and will be returned.

Some banks offer notary services to their customers. Other local notary offices are listed below (subject to change; fees may apply)

Elkton Design & Copy Center - 601 Bridge Street, Elkton  
(410) 620-2021

12 Minute Title and Tag - 216 E Pulaski Highway, Elkton  
(443) 485-6639

QuikStamp - 1075A Augustine Herman Hwy, Elkton  
(410) 510-6116

Please note that the completed form should be returned to Singerly Fire Company. We will submit the form directly to the Department of Social Services for processing.



## **Child Protective Services/Adam Walsh Background Clearance Packet**

### **This packet contains the following documents:**

1. Instructions for submitting a CPS/Adam Walsh Background Clearance Request;
2. The Consent for Release of Information CPS/Adam Walsh Background Clearance Request; and
3. The mailing and email address for the Local Departments of Social Services (LDSS).

### **Instructions for submitting a CPS/Adam Walsh Background Clearance Request**

#### **Clearance Request Requirements:**

- A separate request is required for each individual whose name is to be searched.
- Provide proof of identity to the Notary Public before you sign Part IV. The Notary's signature and seal is required on all forms.\* Legible photocopies will be accepted. The request form expires 60 days from the date of the applicant's signature.  
\*Requests being made by a State's Department of Social Services does not require a Notary signature/seal.
- A request form must be legible and completed in its entirety.
- If you have been issued a Social Security Number (SSN), you MUST provide it to ensure a thorough search can be conducted.
- If the applicant is under 16 years of age, a parent/guardian must authorize the form and it must be notarized.



## CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

### Processing Time

- Request Forms sent via postal mail will take 4-6 weeks from the date of receipt to be processed.
- Request Forms submitted via the submission web page will take approximately 3-4 weeks to be processed.

### Important Facts

- Incomplete or illegible forms will be returned and will cause a *significant delay* in being processed. A form is considered incomplete or illegible if one or more of the following apply:
  - The photocopy is illegible; the photocopy is too light/dark, the Notary signature/seal is unable to be seen, the text cannot be read.
  - Information is missing from Part I, Part II, and/or Part III.
  - Information is not clear and readable in Part I, Part II, and/or Part III.
  - Corrective tape, such as white-out, has been used on the form.
  - The Notary signature/seal is missing or incomplete.
  - The form was previously returned and a new form was not completed.
- If a form is returned, a new form must be completed.
  - The Department of Human Services, Social Services Administration, will not process a returned request that has been altered *after* Notary signature and seal.
- Information on family members is requested in the event the applicant has the same name as another person known to the department, to help determine the correct person.
- There is no fee for this service.
- **All prior versions of the CPS/Adam Walsh Clearance Request are obsolete**



# CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

## CONSENT FOR RELEASE OF INFORMATION

### Part I: PURPOSE OF SEARCH

#### A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
- 2. To determine if I have any remaining appeal rights.

#### B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Adoption                  | <input type="checkbox"/> School Personnel          | <input type="checkbox"/> Day Care Center                              | <input type="checkbox"/> Youth Camp<br>Personnel Administrator      |
| <input type="checkbox"/> Foster Care               | <input type="checkbox"/> Institutional<br>Employee | <input type="checkbox"/> Family Day Care                              | <input type="checkbox"/> Youth Camp<br>Worker/Volunteer             |
| <input type="checkbox"/> Kinship Care              | <input type="checkbox"/> CASA                      | <input type="checkbox"/> Community Mgmt.<br>Entity                    | <input checked="" type="checkbox"/> Other ( <b>Please Specify</b> ) |
| <input type="checkbox"/> International<br>Adoption | <input type="checkbox"/> Custody<br>Evaluation     | <input type="checkbox"/> Group Home/Residential<br>Treatment Facility | <b>Public service agency applic</b>                                 |

Agency/Individual Name

Name of Agency Representative

Singerly Fire Company	Jeannie Mayes
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Agency Address (To include street # and name, unit type and #, city, state, and zip code)

Representative's Phone Number

300 Newark Avenue Elkton, MD 21921	410 - 398 - 2076x
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Representative's Email

background@singerly.com
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### Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER	A - Number	DATE OF BIRTH	GENDER	RACE
- - -				

OTHER NAMES USED

NUMBER	STREET NAME	UNIT TYPE/#	CITY	STATE	ZIP CODE	COUNTRY

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS

CURRENT SPOUSE			
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)			
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH



# CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

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If more than 3 children, attach additional paper if necessary.

Have you lived in Maryland in the past?  Yes  No

Have you worked or volunteered in Maryland in the past?  Yes  No

If yes to either question, from what years? (ex. 2015 - 2023): \_\_\_\_\_

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

### Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Services (DHS) to notify Singerly Fire Company (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland Department of Human Services, any local department of social services, and Child Protective Services.

**\*\*\*\*\*STOP\*\*\*\*\***

**REVIEW THAT ALL SECTIONS ARE COMPLETE. PLEASE DO NOT ALTER THIS FORM IN ANY WAY. ALTERED FORMS WILL NOT BE ACCEPTED. PRINT THIS FORM BEFORE PROCEEDING TO PART IV.**

**PART IV: SIGNATURE** (If Applicant is under age 16, must be signed by Applicant's parent/guardian and Applicant) **DATE**

<i>(Print name of signature above, must be legible)</i>	

### PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

*(Signature Must be blue ink)*

City/County of: \_\_\_\_\_ State of: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My commission expires: