



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

<b>General Order Number:</b> 11-23	<b>Effective Date:</b> November 3, 2021
<b>Division:</b> Personnel Management	
<b>Chapter:</b> Volunteer Application Process	
<b>By Order of the Fire Chief:</b> Tiffany D. Green <i>(Signature)</i>	<b>Issue Date:</b> November 3, 2021

**POLICY**

This General Order establishes a procedure for all persons who apply to become a new volunteer member or a volunteer member who is seeking reinstatement with the Prince George's County Fire/EMS Department. The Volunteer Application process identifies responsibilities for application preparation, background investigation, scheduling of physical exam, issuance of a personnel identification number, personnel accountability tag, and personal protective equipment (PPE). A volunteer member, in good standing, requesting a transfer from one volunteer company to another volunteer company within the Prince George's County Fire/EMS Department shall do so in accordance with *General Order 11-25, Volunteer Inter-Departmental Transfers*.

Except where noted, this policy will apply to all types of volunteer membership, including: Volunteer Firefighter/Emergency Medical Technician (EMT), Administrative, and/or Auxiliary members.

**DEFINITIONS**

**Background Appeal Process** – The volunteer applicant's right to have the Fire Investigations office reconsider a denial of the volunteer to proceed. The volunteer applicant, if denied by the Assistant Fire Chief (AFC) for Fire Investigations, may then appeal to the Fire Chief.

**Background Investigation** – The volunteer applicant's fingerprints are submitted to the Maryland Criminal Justice Information System (CJIS) and the Federal Bureau of Investigations (FBI) for further inquiries about criminal history in all other states.

**Cleared** – The volunteer applicant's submitted digital fingerprints were accepted by the Maryland CJIS and FBI and no disqualifying criminal information was obtained. The volunteer applicant successfully completed all phases of the background investigation.

**Expired File** – The volunteer applicant did not complete the entire application process within one (1) year from the date the application was submitted.

**Medical Examination Appeal Process** – The volunteer applicant's right to have the Department reconsider a denial of the volunteer to proceed due to failed medical examination. The volunteer applicant, if denied by the County Medical Provider, may then appeal to the Fire Chief through the Health & Wellness office.

**Not Cleared** – Disqualifying information was obtained during the initial/full investigation preventing the volunteer applicant from volunteering.



## **PROCEDURES / RESPONSIBILITIES**

### **I. General Provisions**

- A. This General Order is designed to provide a concise description and breakdown of the steps required when applying for volunteer membership. All necessary forms to allow for the most efficient means of processing a volunteer applicant, are described herein. This procedure covers all aspects of the process.
- B. The Office of the Fire Marshal Fire Investigations unit is responsible for ensuring a comprehensive background investigation for all Volunteer Applications (new and reinstatement) is performed.
- C. Volunteer Chiefs are responsible for ensuring volunteer applicants follow the procedures listed herein.
- D. Falsifying information on the application will result in an immediate disqualification from the application process. Volunteer applicants with criminal, civil, or traffic offenses may not be eligible for participation.
- E. During the application process, it is the responsibility of the volunteer applicant to provide the supporting documentation necessary in a prompt fashion for a thorough background investigation. Failure to provide the documentation within one (1) year will result in disqualification from the application process and the applicant will be required to start the entire application process over when they are able to produce any required documentation.

### **II. Membership Categories**

- A. Within each Volunteer Fire / EMS Corporation, there a variety of membership classifications, as defined in their respective Corporation's Constitution and By-Laws, which may include Active member, Associate member, Lifetime member, Junior members, etc. For the purpose of this General Order and any subsequent reporting related volunteer membership, the following membership categories will be used:
  - 1. **Fire/EMS Member** – any person, including Junior members, who joins the Volunteer Fire/EMS Corporation with the intent of becoming certified as a Firefighter and Emergency Medical Technician (EMT) in accordance with the Prince George's County, Maryland, Code of Ordinances, Subtitle 11 – Fire Safety. This designation does not denote that the member has fulfilled all training requirements.
  - 2. **EMS Only Member** – any person, including Junior members, who joins the Volunteer Fire/EMS Corporation with the intent of becoming certified as an EMT-B or higher and not becoming a firefighter. This designation does not denote that that the member has fulfilled all training requirements.



## PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

3. **Administrative Only Member** – any person who joins the Volunteer Fire/EMS Corporation with the sole purpose of performing non-operational duties or administrative tasks (i.e., recruitment, fund raising, public fire & life safety education, data entry, accounting, etc.).
4. **Auxiliary Member** – any person who joins the Volunteer Fire/EMS Corporation as a member of the Corporation's Auxiliary, whether part of the individual volunteer corporation or a separate entity.

### III. Forms and Applications for All Applicants

- A. Persons interested in becoming a volunteer member can gain access to the online PDF application by visiting [www.pgvolunteers.org/pdfapp/](http://www.pgvolunteers.org/pdfapp/).
- B. The applicant must:
  1. Fill out and print the Application and Initial Personnel Record (Form #1475) in its entirety (Attachment A).
  2. Print and complete the Volunteer Applicant Personal History Questionnaire.
  3. Fill out and print the Authorization for Release of Personal Information (Form #4564). This form must be signed in front of the Notary.
  4. Print and sign the Privacy Act Statement Form.
  5. Fill out and print the LOSAP Beneficiary Form (Form #4579). Applicant must sign this form on the member signature line. Anyone can witness this signature.
  6. Juvenile members (at least 16 years of age, but less than 18 years of age), must have a Petition for Leave to Inspect Records of the Juvenile Court. Applicants that do not reside in Prince George's County must get a letter from the Clerk of the Court in their respective jurisdiction, stating that the applicant does or does not have a juvenile record. This letter must be on Clerk of Court letterhead.
  7. In addition, the juvenile applicant must submit a copy of the State of Maryland, Department of Labor, Licensing and Regulation, Division of Labor and Industry – Work Permit for Minor. The volunteer applicant may apply for the work permit online at <https://dllr.state.md.us/ChildWorkPermit/web/content/Home.aspx>.
  8. Volunteer applicants must submit two (2) current photographs. Photographs must be a minimum of 2"x2" showing the head and shoulders, with a neutral background similar to a passport photograph. Person should have a neutral expression and facing the camera. A copy of the applicant's driver's license or passport is not acceptable for the required photographs.



## **PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

9. Volunteer applicants must provide the following additional documentation:
  - a) Copy of High School diploma or GED if 18 years of age or greater. A high school senior that has not reached their 19<sup>th</sup> birthday would be exempt.
  - b) Copy of DD214 – Certificate of Release or Discharge from Active Duty, indicating an Honorable Discharge (if the applicant had prior military service).
  - c) Copy of Employment-Based Visa, if not a U.S. Citizen, in accordance with the Immigration Reform and Control Act of 1986.
  - d) A letter of good standing, if the applicant was previously a member of a fire company within Prince George's County or a current/previous member in another jurisdiction. This letter must be on official letterhead, signed by a corporate officer.
- C. Once the application and required supporting documentation is completed, the applicant can apply online to schedule the required fingerprints at [www.pgvolunteers.org/prints/](http://www.pgvolunteers.org/prints/).
  1. Digital fingerprints that have been determined to be incomplete or unreadable must be resubmitted within ten (10) business days, no exceptions.
  2. Completed applications and supporting documents must be brought to the fingerprint appointment. Fingerprints will not be completed if the applicant fails to bring these documents, no exceptions.
  3. Applicants must bring a State-issued Identification Card or Driver's License, or a valid Passport to the appointment to confirm their identity. For an applicant that is a minor, a school identification card would suffice.

### **IV. Background Investigation, File Review, and Appeal Process**

- A. All volunteer applicants must successfully complete a background investigation before moving on to the medical physical examination, which is required for applicants applying to be a Firefighter and/or Emergency Medical Technician (EMT). The Fire Commission will notify the applicant when the initial background investigation is completed and provide instructions on scheduling the physical examination.
- B. When the “full” background investigation and medical physical examination are completed, and no disqualifying information is obtained that precludes the volunteer applicant from membership, the volunteer applicant will be given a “cleared” status. The disposition of the volunteer applicant's completed background investigation will be communicated to the Fire Commission.
- C. In the event a volunteer member applicant is “not cleared,” he or she may contact the Applicant Investigator to schedule a file review. The purpose of the file review is to provide information to the applicant as to why they were not cleared.



## PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

- D. Any omission of adult or juvenile criminal arrest/charges or criminal citations, regardless of subsequent court or State's Attorney findings, except for court-ordered expungement or legally-bound sealed records, will result in automatic disqualification.
- E. All requests for an appeal must be made in writing by the respective Volunteer Chief or President and include any mitigating circumstances. The Volunteer Chief or President shall contact the Assistant Fire Chief for Fire Investigations to schedule an appeal hearing.
- F. The outcome of any appeal hearing will be based on Departmental standards and information provided by the volunteer applicant and/or the Applicant Investigator. The Assistant Fire Chief for Fire Investigations shall preside at the appeal hearing. If, after this hearing, the applicant is still denied, the respective Volunteer Chief or President may appeal to the Fire Chief. The Fire Chief will review the findings of the hearing and will render the final decision. The Fire Commission, volunteer corporation, and volunteer applicant will be notified, in writing, of the results of the appeal hearing.

### V. Physical Examination, Results & Appeals

- A. Upon successful completion of the initial background investigation, all volunteer applicants applying to be a firefighter/EMT or EMT must successfully complete and pass a medical physical examination, based on accepted Departmental Medical Standards, *NFPA 1582 – Standard on Comprehensive Occupational Medical Program for Fire Departments*. The Fire Commission will notify the applicant when the initial background investigation is completed and provide instructions on scheduled the physical examination.
- B. The Fire Commission will notify the Volunteer Chief, President, or designee by email that the volunteer applicant has successfully completed the initial background investigation and is eligible to schedule a physical examination. The volunteer applicant has no more than sixty (60) days from the date of the notification letter to schedule and complete the physical. If the volunteer applicant fails to complete the physical exam within that time period, his/her name will be placed in the "Expired File." If the volunteer applicant's name has been placed in the "Expired File," the volunteer applicant or volunteer company will be required to notify the Fire Commission of the volunteer applicant's intent to continue in the process. The volunteer applicant must again contact the Fire Commission for permission to schedule a physical.
- C. Once the volunteer applicant has officially been notified, the Fire Commission will notify the contracted health care provider, by email, that permission to perform a physical examination is granted.
- D. Scheduling an appropriate date and time for the physical is the responsibility of the volunteer applicant and is done by contacting the contracted health care provider directly, by telephone.



## **PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

- E. It is the responsibility of the volunteer applicant to keep a scheduled appointment. However, if it becomes necessary to reschedule the appointment, it must be done within 72 hours to give the health care provider an opportunity to schedule someone else into the open slot. Failure to notify the health care provider in sufficient time to reschedule the slot will be considered a “no show.”
- F. Volunteer applicants who did not show up for their initial physical examination appointment can reschedule their appointment after a 60-day waiting period. They should contact the Fire Commission office to for authorization to reschedule the physical examination appointment.
- G. Volunteer applicants who fail to show up for the second scheduled appointment will be disqualified and can re-apply for membership in one (1) year.
- H. The contracted health care provider shall forward results from the physical examination process to the Fire Commission. If a volunteer applicant successfully passes the physical examination, the station and volunteer applicant will be notified by the Fire Commission that the applicant has successfully completed the application process.
- I. A failed drug test will result in an automatic disqualification.
- J. Upon notification that the applicant has passed the physical examination, Health & Wellness will enter the volunteer applicant’s information into the Medical Questionnaire Database. This will allow the new member to be fit tested in accordance with *General Order 08-17, Respiratory Protection Program* after they have completed Volunteer Recruit School (VRS).
- K. In the event a volunteer applicant is deemed “Unable to Perform Essential Job Functions,” he or she will be notified in writing and informed of their right to appeal, if they so choose.
- L. Volunteer applicants who choose to appeal will have thirty (30) days from the date of notice to forward any information or documentation to substantiate reasons for reconsideration. If no information is received from the applicant by the tenth day, the decision is final, and the applicant will be disqualified from the application process.
- M. The outcome of any appeal will be based on Departmental Standards (NFPA 1582) and information provided by the volunteer applicant and/or their provider. Health & Wellness, in conjunction with the Fire Commission, shall conduct all appeal reviews and make a recommendation to the Fire Chief. The Fire Chief will review the findings and will render the final decision. The Fire Commission, volunteer corporation, and volunteer applicant will be notified, in writing, of the results of the appeal.



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

**VI. Issuing Personnel Identification Numbers and Volunteer Recruit School**

- A. Upon successful completion of the full background investigation and the physical examination, a personnel identification number will be issued to the volunteer applicant. At this time, a Target Solutions user account and County email address will be established.
- B. The new member will be assigned the required Volunteer Recruit School (VRS) sessions in Target Solutions. This is the official date of entry for the new member as it relates to the timelines established for meeting the minimum training requirements established in the Prince George's County Code, Subtitle 11 - Fire Safety, Division 7, Sections 11-331 through 11-335.
- C. The Fire Commission maintains the permanent records in the volunteer applicant's personnel folder.

**REFERENCES**

NFPA – 1582 – Standard on Comprehensive Occupational Medical Program for Fire Departments

Prince George's County, Maryland Code of Ordinances, Subtitle 11 – Fire Safety, Section 11-334 to 11-335

Immigration Reform and Control Act of 9186

**FORMS / ATTACHMENTS**

- Attachment A – Volunteer Application & Initial Personnel Record
- Attachment B – Volunteer Applicant Background Questionnaire
- Attachment C – PGC Form #4564 (12/99) – Authorization for Release of Personal Information
- Attachment D – Privacy Act Statement Form
- Attachment E – PGC Form #4579 (Revised 7/19) – Insurance and LOSAP Beneficiary Form
- Attachment F – Petition for Leave to Inspect Records of the Juvenile Court
- Attachment G – Application Process Flow Chart

# Prince George's County Fire/EMS Department Volunteer Application & Initial Personnel Record

## PERSONNEL RECORD

New Applicant     Transfer from: \_\_\_\_\_ To \_\_\_\_\_

Membership Type:  Firefighter/EMS     EMS Only     Administrative/Support     Auxiliary

Volunteer Company Applying to: \_\_\_\_\_

PGFD ID #: \_\_\_\_\_ SSN # (Last Four): \_\_\_\_\_ Date: \_\_\_\_\_

Name Last: \_\_\_\_\_ Name Middle: \_\_\_\_\_

Name First: \_\_\_\_\_ Name Maiden: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Country, State, City Born In: \_\_\_\_\_

Are you a U.S. Citizen: \_\_\_\_\_ If no, attach copy of Right to Work Visa in accordance with Immigration Reform and Control Act of 1986.

Drivers License #: \_\_\_\_\_ Drivers License State: : \_\_\_\_\_ Drivers License Expiration Date: \_\_\_\_\_

Sex:  Male  Female    Race: \_\_\_\_\_

Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Ft \_\_\_\_\_ In    Weight: \_\_\_\_\_ Lbs.    Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

## PRIOR APPLICATION

Have you ever applied to or been a member of a Fire/EMS department in or outside of Prince George's County?  Yes  No

If yes, please provide a letter on department letterhead, signed by a corporate officer indicating you were a member in good standing, reason for leaving, and separation date.

## PRIOR EXPERIENCE & TRAINING

Do you have prior Fire/EMS experience?  Yes  No    If yes, please detail department name(s) & location(s): \_\_\_\_\_

If yes, please detail current training certifications (If more space is needed, use additional sheet): \_\_\_\_\_

## EDUCATION

Name and Location of Last High School Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

If 18 years of age or older, attach a copy of High School diploma or GED.

Name and Location of College/University Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: GED  Yes  No    OTHER  Yes  No

## EMPLOYER

Primary Employer (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Name/Title of Immediate Supervisor: \_\_\_\_\_

Your Title: \_\_\_\_\_ Time at Company: \_\_\_\_\_

**PERSONAL REFERENCES**

List two (2) references who are NOT related to you and who have knowledge of your qualifications and fitness of the position of volunteer fire fighter. Please notify references that they will be contacted and provide a telephone number where they can be easily reached.

1. Name: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_
2. Name: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**MILITARY EXPERIENCE**

If yes, please provide: Military Service Branch: \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

Attach copy of DD 214.

If discharge was other than honorable, please detail:

**DRIVING RECORD**

Do you have a valid Maryland Driver's License?  Yes  No Have you ever had your driver's license suspended or revoked?  Yes  No

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

**BACKGROUND CHECK INFORMATION**

**ANY OMISSION of arrest(s) or criminal charge(s) except court ordered removal of record, will result in a NOT CLEARED background check.**

Have you ever been arrested,  Yes  No; charged  Yes  No; or convicted  Yes  No of any crime or felony? If yes, please give date, place, circumstances and disposition. An explanation of the arrest(s), charge(es) and/or conviction(s) is required. Use an attached page if necessary):

**FOR APPLICANTS UNDER 18 YEARS OF AGE, PARENTAL CONSENT IS REQUIRED:**

I, \_\_\_\_\_ Parent/Guardian (circle which) of \_\_\_\_\_  
 do hereby consent to him/her becoming a volunteer member of the volunteer department listed, part of the Prince George's County Fire/EMS Department.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**APPLICANT OVER 18 SIGNATURE**

*I hereby affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection with appeal.*

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY: APPLICANTS: DO NOT COMPLETE THIS SECTION, IT IS FOR COUNTY STAFF USE ONLY \*\*\*\*\*

**TRANSFERS ONLY:** Signature of Chief or President from Former Company

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

ID#: \_\_\_\_\_ Station #: \_\_\_\_\_

**INVESTIGATIONS:**  PGPD  MPCD  SHER  CARD  COURT  MSP  NCIC  WAR  MVA

Remarks: \_\_\_\_\_

**FIRE COMMISSION:** Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title of Approving Authority: \_\_\_\_\_

Investigation Background (Date): \_\_\_\_\_ Physical Date: \_\_\_\_\_ IMD Entry (Date): \_\_\_\_\_



# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicants may find procedures for obtaining a change, correction, or update of an FBI criminal history record as set forth in 28 CFR 16.34. The information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

---

VOLUNTEER APPLICANT

---

DATE

As of 03/30/2018

Prince George's County Volunteer Fire/EMS  
Office of the Fire Commission

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize the release, review and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent or contracted agency of the Prince George's County Fire/EMS Department, the Prince George's County Police Department, or the Office of Personnel and Labor Relations, whether the said records are of public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- EDUCATIONAL INSTITUTIONS
- MEDICAL, PSYCHOLOGICAL AND PSYCHIATRIC REPORTS OF CONSULTATION, TREATMENT AND EVALUATION AT OR BY ANY HOSPITAL, CLINIC, PRIVATE PRACTITIONER AND THE U.S. VETERANS ADMINISTRATION.
- RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF LAW, INCLUDING CRIMINAL AND/OR TRAFFIC RECORDS, AND RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, IN WHICH I HAVE EVER BEEN A PARTY OR HAD AN INTEREST.

It is my specific intent to provide access to personal information and to release copies and abstract, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Prince George's County, Maryland, Fire/EMS Department to consider in determining my eligibility for membership with that Department.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

(OVER)

Prince George's County Volunteer Fire/EMS  
Office of the Fire Commission

This release form and any photocopy of this release form, even though the said photocopy does not contain an ORIGINAL writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

NOTARY

Signature\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birthdate\_\_\_\_\_

SSN\_\_\_\_\_

\_\_\_\_\_

Date\_\_\_\_\_

My Commission Expires



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS**

- ❖ **Do not type or allow another person to write in this Personal History Statement. Doing so may result in disqualification.** The applicant must neatly print all information in ink.
- ❖ Read each question carefully before answering.
- ❖ Personal History Statements that are incomplete or illegible will not be accepted.
- ❖ It is mandatory that every question in the Personal History Statement be answered. If a question does not apply, enter "N/A" in the space provided.
- ❖ Any false statements or intentional omissions of pertinent information on any document may be cause for disqualification or immediate termination.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**QUESTIONS**

- Yes  No 1. Have you ever had an arrest, charge, or conviction (felony or misdemeanor) of domestic assault, domestic violence or assault and battery expunged or pardoned?  
Applicant must provide court documents verifying pardon or expungement.  
What was the type of arrest, charge or conviction that was expunged?  
Date expunged: \_\_\_\_\_ / \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Month Year County State
- Yes  No 2. Have you ever been charged or convicted of a crime constituting a felony that has been or is in the process of being expunged or pardoned?
- Yes  No 3. Have you ever used a controlled dangerous substance, narcotic drug or marijuana while employed to enforce Federal, State, Military, or local law by any government entity or while in a position directly and immediately affecting the public safety?
- Yes  No 4. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict or prohibit you from working on particular days or during particular hours?
- Yes  No 5. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict you from conforming to agency grooming standards?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

**In your lifetime, have you ever used, tried or experimented with any of these controlled dangerous substances, narcotic drugs or marijuana. "Times used" must be a number, i.e., 2, 3, 8, 15, etc.**

Yes  No 6. Marijuana or marijuana in any form (THC, hashish, hash oil, Thai sticks).  
Times used: \_\_\_\_\_ Number of times used since 21st birthday: \_\_\_\_\_

Yes  No 7. Heroin  
Times used: \_\_\_\_\_ Number of times used since 21st birthday: \_\_\_\_\_

Yes  No 8. PCP, LSD or any other hallucinogens (ecstasy, mushrooms, mescaline, peyote, etc.)  
Times used: \_\_\_\_\_ Number of times used since 21st birthday: \_\_\_\_\_

Yes  No 9. Cocaine or cocaine in any form (crack cocaine, rock).  
Times used: \_\_\_\_\_ Number of times used since 21st birthday: \_\_\_\_\_

Yes  No 10. Steroids (oral or injected). *That were not prescribed or legally purchased over the counter.*  
Times used: \_\_\_\_\_ Number of times used since 21st birthday: \_\_\_\_\_

Yes  No 11. Have you ever inhaled, injected, or ingested (swallowed) **any drug or substance with the intention of getting high?**  
Drug or substance used: \_\_\_\_\_ Times used: \_\_\_\_\_  
Number of times used since 21<sup>st</sup> birthday: \_\_\_\_\_

Yes  No 12. Have you ever purchased, sold, distributed, received, held, transported, or manufactured a controlled dangerous substance, narcotic drug, or marijuana?

Yes  No 13. Have you ever participated in the giving or administering of any intoxicating/illegal substance to another person without their knowledge/permission or against their will?

Yes  No 14. Have you ever used or obtained a forged or altered prescription?

Yes  No 15. Have you ever used, smoked, inhaled, ingested, or injected any synthetic drug, i.e., spice, bath salts, K2? Explain any "Yes" answers below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

**Have you ever committed, been charged, detained, or questioned by any law enforcement agency for any of the following crimes? Include any crimes you may have committed but were never caught, suspected of, or questioned for.**

- Yes  No 16. \*Have you ever been detained, questioned, stopped, or held by any security officer, loss prevention agent, special police officer, police officer, deputy sheriff, sheriff, military police or any other law enforcement agency for any reason?  
**\*This includes being stopped, detained, questioned, and released with no report or action taken.**
- Yes  No 17. Have you ever been arrested or charged with a criminal offense by any law enforcement agency for any reason?
- Yes  No 18. Have you ever received or been issued any type of criminal citation or criminal summons in lieu of arrest?
- Yes  No 19. Have you ever had any criminal charges placed on the stet docket, received probation before judgment (PBJ) or had any charge(s) dismissed?
- Yes  No 20. Have you ever shoplifted or helped anyone shoplift (lookout, divert store employees, hide merchandise) any merchandise from a store?
- Yes  No 21. Have you ever stolen any money, merchandise, or property from any place where you have worked, from any of your co-workers, or from any other person?
- Yes  No 22. Have you ever returned any stolen merchandise to a store for an exchange or refund?
- Yes  No 23. Have you ever short-changed customers or over-rung sales and kept the extra money?
- Yes  No 24. Have you ever taken part in committing embezzlement?
- Yes  No 25. Have you ever deliberately falsified any timecards, work schedules, expense reports, payroll documents, purchase orders, bills, invoices, or any financial document to receive compensation or commit a theft?
- Yes  No 26. Have you ever knowingly received, purchased, or sold any stolen property?
- Yes  No 27. Have you ever helped anyone steal any money, merchandise, or property?
- Yes  No 28. Have you ever made any false insurance or worker's compensation claims?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

- Yes  No 29. Have you ever used someone's credit card, bank card, debit card, ATM card, checking or savings accounts without that person's permission?
- Yes  No 30. Have you ever written any checks on an account that you knew to be closed?
- Yes  No 31. Have you ever intentionally falsified any income tax return?
- Yes  No 32. Have you ever stolen services from any utility or cable provider?
- Yes  No 33. Since your 16<sup>th</sup> birthday, have you ever been criminally charged as a result of a physical fight or confrontation?
- Yes  No 34. As a juvenile, were you ever charged as an adult for any crime(s)?
- Yes  No 35. As a juvenile, were you ever charged for any offense against a person?
- Yes  No 36. In your lifetime have you ever committed any act, that had you been caught, would have been considered a crime?
- Yes  No 37. Have the police ever been called to your home for a criminal matter involving you as a suspect or witness?
- Yes  No 38. Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member or any other person?
- Yes  No 39. Has your spouse/partner ever accused you of battery (whether you did commit battery or not) in a report or discussion with any law enforcement officer or court authority?
- Yes  No 40. Have you ever been charged with, accused of, or questioned for any type of stalking or harassment?
- Yes  No 41. Have you ever been the subject of an emergency protective order, restraining order, or stay-away order?
- Yes  No 42. Have you ever made obscene phone calls or been guilty of telephone harassment?
- Yes  No 43. Have you ever impersonated a law enforcement officer?
- Yes  No 44. Have you ever left the scene of a vehicle accident?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

- Yes  No 45. Have you ever been involved in a hit and run accident?
- Yes  No 46. Have you ever been guilty of running from the police (fleeing and eluding)?
- Yes  No 47. Have you been guilty of arson?
- Yes  No 48. Have you ever destroyed, damaged, or vandalized someone else's property?
- Yes  No 49. Have you ever stolen a vehicle or been involved in a carjacking?
- Yes  No 50. Have you ever been involved in an assault of another person?
- Yes  No 51. Have you ever been involved in a kidnapping, false imprisonment, or abduction?
- Yes  No 52. Have you ever resisted arrest or been involved in an assault of a law enforcement officer?
- Yes  No 53. Have you ever been involved in fraud or forgery?
- Yes  No 54. Have you ever been involved in a homicide or a killing of any type?
- Yes  No 55. Have you ever been questioned as a witness in any type of homicide or killing of any type?
- Yes  No 56. Have you ever knowingly purchased alcohol for a minor?
- Yes  No 57. Have you or your spouse/partner ever been referred to, questioned by, or investigated by Child Protective Services or any similar state, local or any other official agency?
- Yes  No 58. Will any of your former spouse(s), fiancé (s), boy or girlfriend(s), domestic or life partner(s), or significant others provide any adverse or derogatory information about you
- Yes  No 59. Have you ever violated restrictions on child visitation rights, or concealed, or removed children from the State in violation of a court order?
- Yes  No 60. Have you ever inflicted any physical injury to any child who was in your care and custody?
- Yes  No 61. Are you currently paying court ordered child support or alimony?
- Yes  No 62. Have you ever been delinquent in paying court ordered child support or alimony?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

- Yes  No 63. Have you ever carried a concealed weapon (knife, handgun, rifle, shotgun, brass knuckles, stun gun, taser gun, martial arts weapon, etc.) with the intention of committing a crime?
- Yes  No 64. Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer?
- Yes  No 65. Have you ever purchased a firearm that you knew was stolen or not properly registered?
- Yes  No 66. Have you ever committed a sexual act or had any type of sexual contact with a person less than 15 years old since your 18<sup>th</sup> birthday?
- Yes  No 67. Have you ever engaged in any sexual acts involving illegal prostitution, to include, committing the act of prostitution, arranging the services of a prostitute, or profiting from those services?
- Yes  No 68. Have you ever committed, participated in, or facilitated an act of rape, attempted rape, or sexual assault of any kind?
- Yes  No 69. Have you ever sexually touched another person against their will or without their consent?
- Yes  No 70. Have you ever intentionally downloaded, viewed, possessed, distributed, or manufactured any form of child pornography?
- Yes  No 71. Have you ever committed any sexual act with another person against their will or when the other person was unable to consent or resist due to a disabling condition such as intoxication or any physical or mentally incapacitating condition or event?
- Yes  No 72. Have you ever exposed your sexual parts to harass, frighten, or shock another person?
- Yes  No 73. Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet?
- Yes  No 74. Have you ever, for any reason, had sexual contact with an animal?
- Yes  No 75. Have you ever fraudulently received and/or had to repay welfare, unemployment compensation, Workers' Compensation or any other local, state, or federal assistance?
- Yes  No 76. Are you aware of anyone ever using your name or identification for any purpose?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

- Yes  No 77. Have you ever intentionally altered your name, address, or date of birth on any official document, certificate, or license?
- Yes  No 78. Have you ever used a "fake ID" to enter a bar, club or to purchase alcoholic beverages?
- Yes  No 79. Have you ever represented yourself as another person or used another person's name for any academic, medical, employment examination, or any other purpose?
- Yes  No 80. Do you know or have you ever associated with any individual whose interest(s) are contrary to those of the Government of the United States?
- Yes  No 81. Are you now or have you ever been in or applied to any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 82. Have you ever or do you now support or adhere to the philosophy of any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 83. Have you ever made a contribution to an organization dedicated to the overthrow of the United States Government and/or which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent of overthrowing the United States Government?
- Yes  No 84. Do you currently have or ever have had a passport that was issued by a foreign government?
- Yes  No 85. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang or any group engaged in criminal activity?
- Yes  No 86. Have you ever associated with or have acquaintances that are members of a criminal enterprise, street gang, click, crew or any group engaged in criminal activity?
- Yes  No 87. Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preferences?
- Yes  No 88. Have you ever done anything to harm, insult or frighten another person because of that person's race, gender, religion, nationality, or sexual preferences?
- Yes  No 89. Do you have any racial, religious, sexual, or other prejudices that may affect your performance?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

- Yes  No 90. Have you ever worked for an escort service?
- Yes  No 91. Have you ever deliberately harmed, injured, tortured, or killed an animal?
- Yes  No 92. As a juvenile, have you ever run away from home?
- Yes  No 93. Have you ever applied for and been granted a security clearance?  
Name of company or organization \_\_\_\_\_
- Yes  No 93. Have you ever applied for and been denied a security clearance?  
Name of company or organization: \_\_\_\_\_  
Reason for denial of security clearance: \_\_\_\_\_
- Yes  No 95. Is there anything in your past that someone could use to blackmail you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 96. Have you ever been fingerprinted for any reason?  
Explain, when, where and why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 97. Are you married to, residing with, or dating anyone who is or was an inmate incarcerated at the Prince George's County Detention Center in Upper Marlboro, Maryland or any other correctional facility or prison?
- Yes  No 98. Have you ever been married to, resided with, or dated anyone who is or was an inmate incarcerated at the Prince George's County Detention Center in Upper Marlboro, Maryland or any other correctional facility or prison?
- Yes  No 99. Has the other parent of any of your children ever been incarcerated?
- Yes  No 100. Do you currently have, or have you ever had any type of relationship or ever associated with any person who is or has been incarcerated or has a criminal record?



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT  
VOLUNTEER APPLICATION**

**PERSONAL HISTORY STATEMENT**

Yes  No 101. Have you ever been questioned by the police regarding anyone who is or has been incarcerated? Explain :

---

---

---

Yes  No 102. Have you ever struck your spouse or domestic partner?

Yes  No 103. Have you ever hit, slapped, punched, kicked, or caused any bodily harm to anyone you have had a relationship with or have a child with?

Yes  No 104. Have you ever been involved in a domestic violence situation/incident?

---

First Name

---

Last Name

---

Signature

---

Date



# The Prince George's County Government Fire Department

IN THE CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY, MARYLAND IN THE MATTER  
OF:

**PETITION FOR LEAVE TO INSPECT RECORDS OF THE JUVENILE COURT**

Comes now Prince George's County and the applicant respectfully petitions the Court for leave to inspect records of the Juvenile Court and for reasons therefore states:

1. That the applicant is desirous of entering the Fire Service, but in order to do so he/she must obtain a juvenile record check through the Circuit Court for Prince George's County, Maryland.
2. That the applicant **has a** or **has no** record of proceedings in the said court.
3. That the applicant is \_\_\_\_ years of age.

WHEREFORE, it is respectfully requested that leave to examine and inspect such record be granted. Should record exist in the Juvenile Court, it is respectfully requested that the aforementioned record be furnished your petitioner.

PRINCE GEORGE'S COUNTY

By: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

Parent or Guardian \_\_\_\_\_  
(for applicant under the age of 18)

**ORDER OF THE COURT**

Upon the foregoing Petition, it is by the Circuit Court for Prince George's County, Maryland, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Ordered, that the Clerk review, indicate and inform petitioner whether there is a record of proceedings in the Juvenile Court in which the applicant was a respondent.

Ordered, further that the Clerk of this Court be and he/she is hereby authorized to release unto the petitioner a copy of the applicant's record before the Juvenile Court.

\_\_\_\_\_  
Judge

I have reviewed the file of the Juvenile Court and found that there **is** or **is no** record of proceedings in the Juvenile Court for the aforementioned applicant.

\_\_\_\_\_  
Clerk

VOLUNTEER APPLICATION PROCESS

