



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

<b>General Order Number:</b> 11-23	<b>Effective Date:</b> January 14, 2025
<b>Division:</b> Personnel Management	
<b>Chapter:</b> Volunteer Application Process	
<b>By Order of the Fire Chief:</b> Tiffany D. Green 	<b>Issue Date:</b> January 14, 2025

**POLICY**

This General Order establishes a procedure for all persons applying to become a volunteer member of the Prince George's County Fire/Emergency Medical Services (EMS) Department, whether they are applying to become a new member or seeking reinstatement. The Volunteer Application process identifies the responsibilities of all parties who are responsible for application preparation, background investigation, scheduling of physical exams, issuance of a personnel identification number, personnel accountability tag, and personal protective equipment (PPE).

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

**DEFINITIONS**

**Background Appeal Process** – The volunteer applicant's right to have the Fire Investigations office reconsider a denial related to any portion of the process. The Assistant Fire Chief (AFC) for Fire Investigations may consider the appeal. If the AFC denies the appeal, a volunteer applicant may make a final 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. Fire Investigations personnel further inquire into an applicant's background to determine suitability for the position.

**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, including the medical qualification process.

**Cleared for Administrative Membership** – Applicant cleared the background investigation process but is not approved to volunteer in an operations capacity.

**Does Not Meet** – A determination made by the Department with input from the occupational health care provider, the Health & Wellness Office, or the Medical



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

Review Committee that an applicant does not meet the medical standards.

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

**Volunteer Medical Review Committee** – A group of stakeholders engaged by the Health & Wellness Office Manager to gather and review information related to appeals and reasonable accommodation requests during the medical qualification process. The Medical Review Committee may share opinions and recommendations regarding medical qualifications or the medical qualification process with the County Fire Chief.

**Medical Standards** – The industry medical standards identified by the County Fire Chief via official memorandum that applicants for operational membership must meet.

**Medical Qualification Process** – The process used to determine whether a volunteer member medically qualifies to serve in a volunteer operational position, including volunteer firefighter or EMS-only member.

**Not Cleared** – Disqualifying information was obtained during the background investigation, preventing a volunteer applicant from volunteering.

**Occupational Health Care Provider** - A physician specializing in occupational medicine appointed by the Department or contracted by the County to evaluate applicants under the medical standards identified by the County Fire Chief.

**Reasonable Accommodation** - Any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities.

### **PROCEDURES / RESPONSIBILITIES**

#### **I. General Provisions**

- A. This General Order describes the process for applying for a volunteer membership and includes required forms.
- B. The Office of the Fire Marshal's Fire Investigations office conducts a comprehensive background investigation for all volunteer applications, including new and reinstatement.
- C. Volunteer Company Chiefs must ensure volunteer applicants follow the procedures listed herein.



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

- D. Falsifying information on the application will result in an immediate disqualification from the application process.
- E. During the application process, the volunteer applicant must promptly provide the requisite supporting documentation 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 re-start the entire application process once obtaining required documentation.

### II. Membership Affiliations

- A. The volunteer applicant can select from various membership options within the Prince George's County Fire/EMS Department.
  - 1. Volunteer Fire Companies – any nonprofit incorporated volunteer fire company and/or rescue squad operating in Prince George's County.
  - 2. Volunteer County Reserve Program – an operational unit of the Office of the Fire Chief, overseen by the Volunteer Services Office for community members who do not wish to be affiliated with any volunteer corporation or who are involved in a unique program initiated by the Office of the Fire Chief to increase volunteerism in Prince George's County.

### III. Membership Categories

- A. While each volunteer Fire and EMS corporation may define membership roles within their organization, in the application process, the following applies:
  - 1. **Fire/EMS Member** – any person, including Junior members, who joins a Volunteer Fire/EMS Corporation with the intent of becoming certified as a Firefighter/ 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 a 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 the member has fulfilled all training requirements.
  - 3. **Administrative/Auxiliary Member** – any person who may perform non-operational duties or administrative tasks (i.e., recruitment, fundraising, public fire and life safety education, data entry, accounting, etc.).

### IV. Forms and Applications for All Applicants



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

- A. Persons interested in becoming a volunteer member may visit [pgfdvolunteers.org](http://pgfdvolunteers.org), choose their station of interest, and submit a direct inquiry to obtain instructions on how to start the application process.
- B. The applicant must complete all volunteer application documents through the applicant tracking system. There is no need to print any of the forms, as they will be saved in electronic format upon completion.
  1. 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. The person should have a neutral expression and face the camera. A copy of the applicant's driver's license or passport is not acceptable for the required photographs.
  2. Volunteer applicants must provide the following additional documentation:
    - a) Copy of high school diploma or GED if 18 years of age or older. A high school senior who 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 a valid 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 stating whether 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 and signed by a corporate officer.
- C. Once the application and required supporting documentation have been completed electronically, the applicant will receive instructions via email from the Fire Commission office on how to schedule their fingerprint appointment online.
  1. Digital fingerprints that have been determined to be incomplete or unreadable must be resubmitted within ten (10) business days, with no exceptions.
  2. 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 who is a minor, a school identification card would suffice.



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

### **A. Background Investigation**

1. Volunteer applicants applying for operational positions must successfully complete the background investigation before a background investigator approves the applicant to proceed to the medical qualification process. The Fire Commission will notify the applicant when the initial background investigation is completed and provide instructions on scheduling the physical examination.
2. A volunteer applicant is cleared after successfully completing both the background investigation and medical qualification process outlined below. The background investigator will inform the Fire Commission of the disposition of the completed background process.
3. A volunteer applicant whose status is “not cleared” may contact the background investigator to schedule a file review of the investigative background. The purpose of the file review is to provide information to the applicant as to why they were not cleared.
4. 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.

### **B. Background Appeal Process**

1. All requests for a background appeal must be made in writing by the respective Volunteer Chief or President and include any mitigating circumstances. The Volunteer Company Chief or President shall contact the Assistant Fire Chief for Fire Investigations to schedule a background appeal hearing.
2. The outcome of any background appeal hearing will be based on Departmental standards and information provided by the volunteer applicant and/or the background investigator. The Assistant Fire Chief for Fire Investigations shall preside at the background appeal hearing and make a determination. If, after this hearing, the applicant is still denied, the respective Volunteer Chief or President may appeal the Assistant Fire Chief’s determination to the Fire Chief. The Fire Chief will review the findings of the hearing and will render the final decision. The Fire Chief will issue a written final decision to the Fire Commission, volunteer corporation, and volunteer applicant.



## **VI. Medical Qualification Process, Review, and Appeal**

### **A. Background Notifications**

1. Upon successful completion of the initial background investigation, all volunteer applicants applying to be a firefighter/EMT or EMT-only must complete and pass a medical, physical examination based on Departmental medical standards identified by the County Fire Chief by official memorandum.
2. The Fire Commission will notify the applicant, the Volunteer Chief, the President, or a designee by email that the volunteer applicant has successfully completed the initial background investigation and is eligible to schedule a physical examination.

### **B. Physical Examination**

1. The volunteer applicant must complete the physical exam no more than sixty (60) days from the date of the notification of clearing the background process.
  - a) If the volunteer applicant fails to complete the physical exam within that period, the applicant's name will be placed in the expired file and be notified by the Fire Commission Office via the online applicant tracking system. If 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.
2. Volunteer applicants should keep all scheduled appointments. Volunteer applicants must reschedule any appointments at least 72 hours in advance. Failure to notify the occupational health care provider within 72 hours will be considered a "no-show."
  - a) After a "no-show," a volunteer applicant must wait 60 days before requesting the Fire Commission to authorize a new physical examination appointment.
  - b) Volunteer applicants who fail to show up for a second scheduled appointment will be temporarily disqualified and may reapply for membership in one (1) year.
3. The contracted occupational health care provider shares the results from the physical examination process with the Health & Wellness Office or an



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

authorized designee, as assigned by the Office of the Fire Chief.

4. Upon successful completion of the physical examination, the Fire Commission Office will notify the volunteer applicant/station leadership. The Health & Wellness Office will enter the volunteer applicant's information into the Medical Questionnaire Database. This will allow the new member to be fit tested per General Order 08-17, *Respiratory Protection Program after completing Volunteer Recruit School (VRS)*.
5. A failed drug test will result in an automatic disqualification.
6. If the volunteer applicant fails the physical examination, the contractor will notify the Health & Wellness Office and the Fire Commission.
  - a) If the medical provider classifies the applicant as "Unable to perform the essential job functions" based on the identified medical standards, the applicant can file an appeal with the Office of the Fire Chief or authorized designee.

### C. Medical Appeal Process

#### 1. Volunteer Applicant

- a) If an applicant contests the accuracy of an occupational health care provider's determination based on a medical standard, the applicant may request an appeal by submitting a request for a medical review appeal to the Health & Wellness Office via email within 30 days of the applicant receiving a "does not meet" notification.

#### 2. The Office of the Fire Chief or designee

- a) Shall form a Volunteer Medical Review Committee.
- b) The Volunteer Medical Review Committee will consist of five (5) members:
  - i. The Health & Wellness Office Manager will serve as the Chair of the Volunteer Medical Review Committee. It may include representatives from the following:
    - Two (2) members of the Fire Commission Office, as assigned by the Chair,
    - One (1) member from the Volunteer Services Office, and
    - One (1) member from the Equal Employment Opportunity Office.
  - c) The Committee will meet as needed, to review all occupational health care provider determinations classified as "Unable to perform the essential job





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

functions” and accessible documentation to determine if further information or analysis is needed. The Volunteer Medical Review Committee will also review any appeals.

### **D. Volunteer Medical Review Committee**

1. The Volunteer Medical Review Committee determines by a consensus that no further information or analysis is needed.
2. Determines that a complete review of the applicant's records is done using all available sources, such as NFPA Standards and Fire/EMS Department General Orders.
3. The Chair or designee will notify the Office of the Fire Chief of the outcome of any hearing held by the Volunteer Medical Review Committee.

### **E. Office of the Fire Chief**

1. Shall review all recommendations by the Volunteer Medical Review Committee.
2. Shall determine if further review, documentation, or testing is required before providing a final ruling to the volunteer applicant.
3. Shall issue all final letters to each applicant and Volunteer Company Chiefs with final decisions outlining whether the applicant was approved or identified as “Unable to perform essential job functions.”

## **VII. Reasonable Accommodations**

### **A. Fire Commission**

1. If the applicant notifies the Fire/EMS Department through their application or written correspondence, the Fire Commission shall inform the Health & Wellness Office.
2. If an applicant thinks the occupational health care provider applied the standards correctly but that the Department should consider different factors, the applicant may submit a reasonable accommodation request form (Attachment I) and any other relevant documentation to the Health & Wellness Office within 30 days of the applicant’s receipt of a “does not meet” notification.

### **B. Health & Wellness Office**





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

1. The Health & Wellness Office will engage in an interactive process to consider a reasonable accommodation request. The Volunteer Medical Review Committee should evaluate whether an accommodation would largely mitigate a determination that a person would pose a significant risk of substantial harm to the health or safety of the person or others. When evaluating an accommodation recommendation, the committee should consider the following factors: the duration of the risk; the nature and severity of potential harm; the likelihood that the potential harm will occur; the imminence of the potential harm; and whether an accommodation would unduly burden the Department.
2. Reasonable Accommodations determined by the Health & Wellness/Equal Opportunity Office shall be made on a case-by-case basis as determined by County Administrative Procedure 142, *ADA Compliance Procedure*.
3. Examples of accommodations an applicant may request include that the Department:
  - a) Know the physical or mental limitations of members of the general public, qualified applicants, and qualified employee(s) with a disability unless doing so would cause undue hardship on the operation of the County programs.
  - b) Provide auxiliary aids such as qualified readers, audio recordings, Braille materials, large print materials, sign language interpreters, transcription services, assistive listening systems, or text phones for deaf individuals (TTY).
4. Determination of reasonable accommodation will be done on a case-by-case basis.

### **C. Office of the Fire Chief**

1. The Office of the Fire Chief will review any recommendations of the Health & Wellness Office and determine the interactive process necessary for determining what accommodation(s) should be provided. This occurs between the individual requesting the accommodation and the Fire Chief or their designee.
2. During this process, when a disability and the need for a reasonable accommodation are not obvious, the Office of the Fire Chief may ask the individual for medical documentation about their disability and functional limitation.
3. The Office of the Fire Chief will make all final determinations concerning individuals who request reasonable accommodations.



### **VIII. Issuance of Fire Department Personnel Identification Number**

- A. Upon successful completion of the background investigation and medical qualification process, a Fire/EMS Department personnel identification number will be issued to the volunteer applicant. At that 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

Prince George's County Americans with Disabilities Act (ADA) Administrative Procedure 142, ADA Compliance Procedure

Immigration Reform and Control Act of 1986

Americans with Disabilities Act of 1990

Americans With Disabilities Act Amendments Act of 2008

Rehabilitation Act of 1973

#### **FORMS / ATTACHMENTS**

Attachment A – Volunteer Application and 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

Attachment H – County Form 100A

# 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: \_\_\_\_\_

Sex:  Male  Female  Non-Binary/Other 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: \_\_\_\_\_

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

### 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

No If yes, please detail including department name(s), location, date of separation and reason for leaving (if applicable):

\_\_\_\_\_  
 \_\_\_\_\_

### 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 an additional sheet): \_\_\_\_\_

### EDUCATION

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

Name and Location of College/University Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

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.

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? \_\_\_\_\_  
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):

**AMERICANS WITH DISABILITIES ACT (ADA)**

Consistent with the Americans with Disabilities Act (ADA) and Prince George's County government Administrative Procedure 142, it is the policy of Prince George's County to provide reasonable accommodation when requested by a qualified applicant or candidate with a disability, unless such accommodation would cause an undue hardship.

Do you require a reasonable accommodation?  Yes  No

**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): \_\_\_\_\_



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

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS**

- ❖ **Do not allow another person to complete this Personal History Statement. Doing so may result in disqualification. The applicant can type the information, but the preferred way is to print all information in black ink neatly.**
- ❖ 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 omission of pertinent information on any document may be cause for disqualification or immediate termination.

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

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

**If you answer "Yes" to any question(s) you must provide detailed information on page six (6). Please include dates, charges, law enforcement agency or court and final disposition. If you were ever charged or convicted of a crime or appeared in court regarding a criminal offense you must attach the court documents containing the final disposition. Contact the court where you appeared to obtain these documents.**

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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.
Date expunged (month/year): _____, Jurisdiction (county and state): _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 3. Have you ever been arrested, charged, or convicted of a DUI and/or DWI?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 4. 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?

**In your lifetime, have you ever used, tried, or experimented with any of the following controlled dangerous substances and/or narcotic drugs?**

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 5. Have you ever inhaled, injected, or ingested (swallowed) any drug or substance with the intention of getting high?
Drug: _____
Lifetime uses and Date of last use: _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 6. Marijuana or marijuana in any form (THC, hashish, hash oil, Thai sticks). Date of last use _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 7. Heroin: Times used: _____, Times used since 21 <sup>st</sup> birthday: _____, date of last use: _____

Yes  No 8. PCP: Times used: \_\_\_\_\_, Times used since 21<sup>st</sup> birthday: \_\_\_\_\_, date of last use: \_\_\_\_\_

Yes  No 9. LSD: Times used: \_\_\_\_\_, Times used since 21<sup>st</sup> birthday: \_\_\_\_\_, date of last use: \_\_\_\_\_

Yes  No 10. Cocaine or Cocaine in any form (crack cocaine, rock). Times used: \_\_\_\_\_, Times used since 21<sup>st</sup> birthday: \_\_\_\_\_, date of last use: \_\_\_\_\_

Yes  No 11. Steroids (oral or injected) that were not prescribed or legally purchased over the counter? Times used: \_\_\_\_\_, Times used since 21<sup>st</sup> birthday: \_\_\_\_\_, date of last use: \_\_\_\_\_

Yes  No 12. Hallucinogens (ecstasy, mushrooms, mescaline, peyote, etc) Times used: \_\_\_\_\_, Times used since 21<sup>st</sup> birthday: \_\_\_\_\_, date of last use: \_\_\_\_\_

Yes  No 13. Have you ever purchased, sold, distributed, received, held, transported, or manufactured a controlled dangerous substance, or narcotic drug (excluding marijuana)?

Yes  No 14. 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 15. Have you ever used or obtained a forged or altered prescription?

**Have you ever committed, been charged, detained, or questioned by any law enforcement agency for any of the following crimes? Include any crime you may have committed but were never caught, suspected, of, or questioned for. (Law enforcement agency includes, but not limited to security officer, special police officers, sheriff, deputy sheriff, loss prevention agent, police officer, military police, or any other enforcement agency).**

Yes  No 16. Have you ever been detained, questioned, stopped, or held by any type of law enforcement agency for any reason (excluding minor traffic infractions)?

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 had any criminal charges placed on the stet docket, received probation before judgment (PBJ) or had any charge(s) dismissed?

Yes  No 19. Have you ever shoplifted any merchandise from a store or helped anyone shoplift (lookout, divert store employees, hid merchandise, etc.)?

Yes  No 20. Have you ever stolen any money, merchandise, or property from any place where you have worked or your co-workers?

Yes  No 21. Excluding places where you have worked or shoplifted from, have you ever stolen any money, merchandise, or property from any other place or 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?

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 16th 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 violated or 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 public safety official?

**Yes**  **No** **44.** Have you ever left the scene of a vehicle accident?

**Yes**  **No** **45.** Have you ever been involved in a hit and run accident?

**Yes**  **No** **46.** Have you knowingly or ever been guilty of running from the police (fleeing and eluding)?

**Yes**  **No** **47.** Have you ever committed or been guilty of arson?

**Yes**  **No** **48.** Have you ever intentionally 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 referred to, questioned by, or investigated by Child Protective Services or any similar state, local or any other official agency?

**Yes**  **No** **56.** 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** **57.** 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** **58.** Have you ever inflicted any physical injury to any child who was in your care and custody?

**Yes**  **No** **59.** 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** **60.** Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer?

**Yes**  **No** **61.** Have you ever purchased a firearm that you knew was stolen or not properly registered?

**Yes**  **No** **62.** Have you ever committed a sexual act or had any type of sexual contact with a person less than 16 years old since your 18th birthday?

**Yes**  **No** **63.** Have you ever engaged in any sexual acts involving illegal prostitution, including, committing the act of prostitution, arranging the services of a prostitute, or profiting from those services?

**Yes**  **No** **64.** Have you ever committed, participated in, or facilitated an act of rape, attempted rape or sexual assault of any kind

**Yes**  **No** **65.** Have you ever sexually touched another person against their will or without their consent?

**Yes**  **No** **66.** Have you ever intentionally downloaded, viewed, possessed, distributed, or manufactured any form of child pornography?

**Yes**  **No** **67.** 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** **68.** Have you ever exposed your sexual parts to harass, frighten, or shock another person?

**Yes**  **No** **69.** Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet?

**Yes**  **No** **70.** Have you ever, for any reason, had sexual contact with an animal?

**Yes**  **No** **71.** 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** **72.** Are you aware of anyone ever using your name or identification for any purpose?

**Yes**  **No** **73.** Have you ever intentionally altered your name, address, or date of birth on any official document, certificate or license?

**Yes**  **No** **74.** 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** **75.** 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** **76.** Are you now or have you ever been in or applied to any organization that seeks to overthrow the constitutional form of government, 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** **77.** 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** **78.** 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** **79.** 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** **80.** Do you have any racial, religious, sexual or other prejudices that may affect your performance?

**Yes**  **No** **81.** Have you ever worked for an escort service?

**Yes**  **No** **82.** Have you ever deliberately harmed, injured, tortured or killed an animal (except for hunting, fishing, etc)?

**Yes**  **No** **83.** Have you ever applied for and been granted a security clearance?

Name of company or organization: \_\_\_\_\_.

Reason for denial of security clearance: \_\_\_\_\_.

**Yes**  **No** **84.** Is there anything in your past that someone could use to blackmail you?

**Yes**  **No** **85.** Have you ever been fingerprinted for any reason?

Explain, when, where and why: \_\_\_\_\_.

**Yes**  **No** **86.** Do you currently have, or have you ever had any type of relationship with any person who is or has been incarcerated or has a criminal record?

**Yes**  **No** **87.** Have you ever struck your spouse or domestic partner?

**Yes**  **No** **88.** Have you ever hit, slapped, punched, kicked or caused any bodily harm to anyone you have had a relationship with?

**Yes**  **No** **89.** Have you ever hit; slapped, punched, kicked or caused any bodily harm to anyone you have a child with?

**Yes**  **No** **90.** Have you ever been involved in a domestic violence situation/incident?





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

ATTACHMENT C

**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)

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

# 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>.

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VOLUNTEER APPLICANT

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DATE

As of 03/30/2018



Prince George’s County Volunteer  
Fire/EMS Length of Service Award  
Program

By completing this form, you are designating the beneficiary for your County Volunteer Accident and Health Policy as well as the Death Benefit provided in accordance with County Code Section 11-328 and 11-329. Any benefits to which you are entitled under the County Worker’s Compensation policy shall be paid as directed by the policy and Maryland law.

Name: \_\_\_\_\_ PGFD # \_\_\_\_\_  
                     Last                                      First                                      MI

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

Previous Name (if changed recently) \_\_\_\_\_

Home address: \_\_\_\_\_

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

Best phone number to be reached at: \_\_\_\_\_

Volunteer Fire/EMS Company: \_\_\_\_\_                      Station Number: \_\_\_\_\_

Note: The Length of Service Award Program (LOSAP) allows only one beneficiary under the Law, your surviving spouse. To receive this benefit, you must have completed a minimum of 25 years of certified active volunteer service with any Prince George’s County volunteer Fire/EMS company or be receiving the LOSAP award. Upon your death, only your surviving spouse can receive ½ of your benefit. Burial benefit will be paid to spouse, or if not spouse, to the estate. Death benefit in accordance with 11-329 will only be paid to listed beneficiary or beneficiaries.

Spouse Information:

Name: \_\_\_\_\_ PGFD # (if applicable) \_\_\_\_\_  
                     Last                                      First                                      MI

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

Beneficiary (s):	Address:	Phone:	Relationship:	Share (Total 100%):
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Check here if no beneficiary is designated.

Members Signature \_\_\_\_\_                      Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_                      Date: \_\_\_\_\_

Witness Name (print) \_\_\_\_\_                      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.

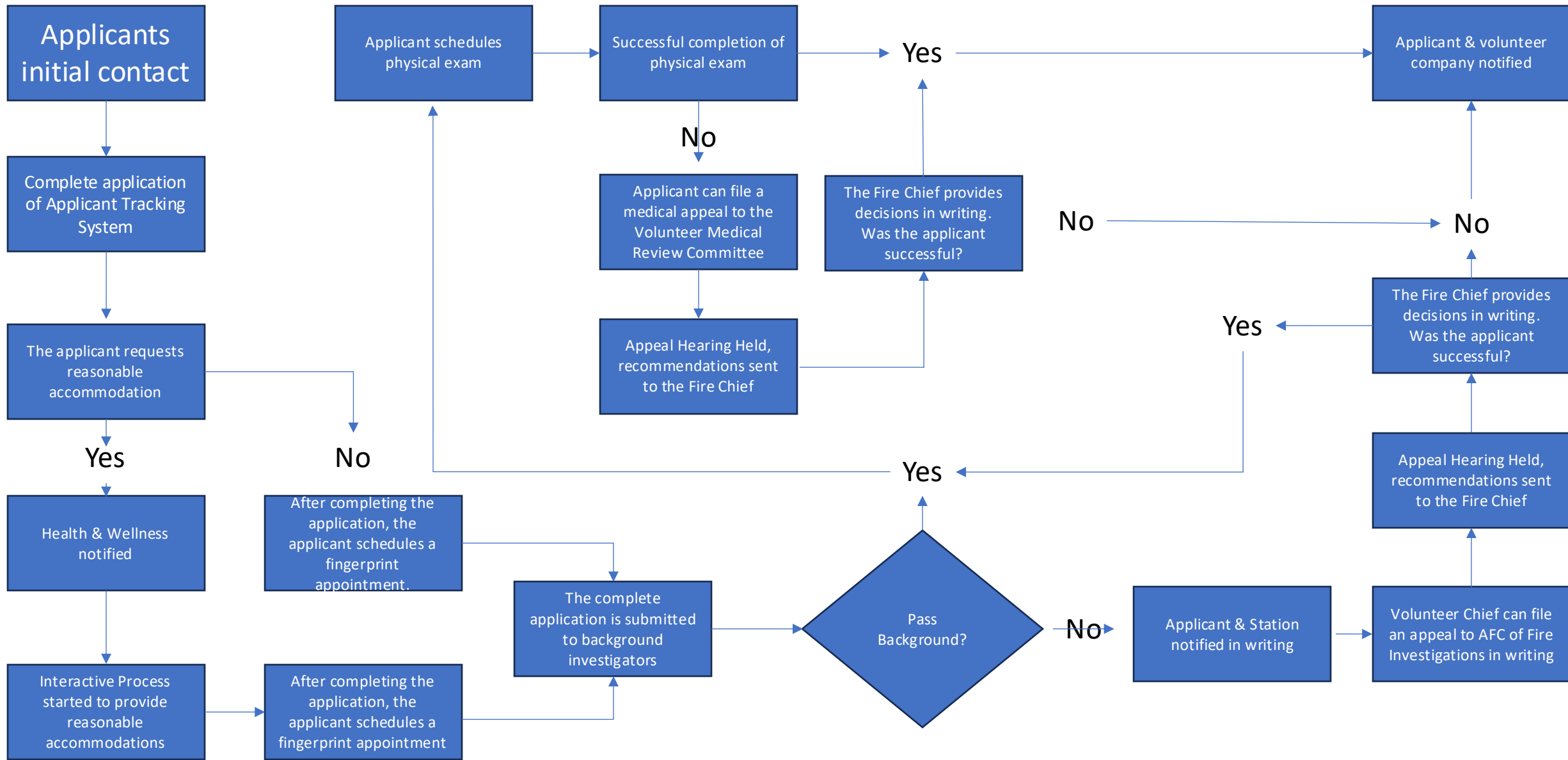
\_\_\_\_\_  
Judge

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 FLOWCHART

Attachment G





# PRINCE GEORGE'S COUNTY GOVERNMENT

## REQUEST FOR REASONABLE ACCOMMODATION FORM

*This document is available in an alternate format upon request.*

_____	_____
Applicant's or Employee's Name	Applicant's or Employee's Telephone Number
_____	
Applicant's or Employee's Department	
_____	
Today's Date	
_____	
Date of Request	

- Accommodation requested: (Be as specific as possible, e.g., adaptive equipment, reader, interpreter)
  
- Reason for request:

If accommodation is time sensitive, please explain:

**Return the form to your department's ADA Coordinator.**

**FOR INTERNAL USE ONLY: The ADA Coordinator will assign number.**

Log No.: \_\_\_\_\_ Person responding: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date Request Received: \_\_\_\_\_