

MONTGOMERY COUNTY FIRE/RESCUE SERVICE

LENGTH OF SERVICE AWARD PROGRAM

VOLUNTEER REGISTRATION FORM

(PLEASE PRINT)

- Current Member New Member Change of Address/Phone
- Other Data Change Reactivation of Former Member Deactivation of Current Member

Volunteer Name: _____

Address: _____

City, State, Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

EEO Race Category: *(For statistical reporting purposes only)*

- Caucasian (Not Hispanic) Black (Not Hispanic) Hispanic
- Asian or Pacific Islander American Indian, Eskimo, or Aleut

Are you presently employed by the Montgomery County Department of Fire and Rescue Service? Yes No

Volunteer Department: _____ Membership Date: ____/____/____

Designation of Beneficiary:

Name of Spouse or Domestic Partner: _____

Social Security Number: _____ - _____ - _____ If Spouse, Date Married: ____/____/____

Birth Date: ____/____/____

Registrant's Signature

_____/_____/_____
Date

Department Officer's Signature

_____/_____/_____
Date

FOR DIVISION OF VOLUNTEER SERVICES USE ONLY

Approved: _____
LOSAP Administrator's Signature

_____/_____/_____
Date

Registration is to be submitted to the LOSAP Administrator, Division of Volunteer Services, 101 Monroe Street, Rockville, Maryland, 20850. The yellow copy of the registration form should be retained by the Department and the pink copy for the volunteer.