

MONTGOMERY COUNTY FIRE/RESCUE SERVICE

LENGTH OF SERVICE AWARD PROGRAM

VOLUNTEER REGISTRATION FORM

(PLEASE PRINT AND COMPLETE ALL INFORMATION IF NEW MEMBER)

VOLUNTEER CORP./LFRD _____ MEMBERSHIP DATE: ____/____/____

- Current Member New Member TRANSFER Change of Address/Phone/Email
- Beneficiary Change Deactivation of Former Member Reactivation of Current Member

Volunteer Name: _____

Address: _____

City, State, Zip: _____

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

Cell Phone: () _____ - _____ Social Security Number (SSN): _____ - _____ - _____

Birth Date: ____/____/____ E-mail address: _____

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

Are you a current or past member of another Volunteer Fire Department in Montgomery County? Yes No

If Yes, Volunteer Dept: _____ Membership Date: ____/____/____

(If yes, which department do you wish to select as "primary" department i.e., this department will submit your Training points and coordinate other data as necessary? _____)

Designation of Beneficiary:

Name of Spouse or Domestic Partner: _____

Beneficiary SSN: _____ - _____ - _____ If Spouse, Date Married: ____/____/____

Beneficiary Birth Date: ____/____/____

Registrant's Signature

_____/____/____
Date

Department Officer or LOSAP Coordinator Signature

_____/____/____
Date

Registration information is to be entered into the LOSAP database to register the volunteer for LOSAP participation. A copy of the registration form should be retained by the Department and a copy for the volunteer.