



*Martin O'Malley, Governor*  
*Anthony G. Brown, Lt. Governor*  
*John R. Griffin, Secretary*  
*Eric Schwaab, Deputy Secretary*

## Maryland Wildland Fire Crew Volunteer Application

Name (First/Middle/Last)	Sex	Date of Birth	Drivers License #	SS #
Home Street Address		City	State	Zip Code
<b>PERSONAL CONTACT INFORMATION</b>				
Home Phone	Cell	Email		
<b>WORK CONTACT INFORMATION</b>				
Work Phone	Cell	Email		
<b>EMERGENCY CONTACT INFORMATION</b> (Individual to be contacted in the event of an emergency)				
Name	Phone	Cell		
<b>Please answer the following questions:</b>				
Are you at least 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a resident of Maryland?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you completed the Basic Wildland Fire Courses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you request to volunteer with the Maryland Forest Service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>AUTHORIZATION STATEMENT</b>				
<p>I hereby authorize the following:</p> <ol style="list-style-type: none"> <li>1. The information submitted on this application is confidential and will only be used for official purposes.</li> <li>2. I certify that the information in this application is true and accurate to the best of my knowledge. I understand false information may disqualify my participation.</li> <li>3. I have no health conditions that prevent me from participation on the Wildland Fire Crew.</li> <li>4. I assume any responsibility to ask my employer for work release if I volunteer.</li> <li>5. I understand that my time &amp; service is volunteered and that I will not receive compensation.</li> <li>6. Photographs may be taken during participation in training and incidents and may be used by the agency.</li> <li>7. I will perform duties assigned by the Department or their agents to the best of my abilities.</li> </ol>				
Volunteer Signature _____			Date _____	



# Maryland Wildland Fire Crew Volunteer Registration

Pursuant to the Annotated Code of Maryland, Natural Resources Article, 5-701 (c) (4) the Department hereby recognizes \_\_\_\_\_ (volunteer), as a volunteer who may perform duties authorized by the Department or their agents. When performing authorized duties the volunteer qualifies as State personnel under the Maryland Tort Claims Act, Annotated Code of Maryland, State Government Article, 12-101 (a) (4) & 12-105 and the Courts and Judicial Proceeding Article, 5-522 (b), meaning the volunteer is immune both from suit in the courts of the State and from liability for acts or omissions within the scope of the volunteers authorized duties that are performed without malice or gross negligence.

The volunteer is a covered employee as defined under the Workers Compensation Act, Annotated Code of Maryland, Labor and Employment Article, 9-207. As such, if the volunteer is called upon by the Department or their agents to perform duties, the volunteer will be covered under that statute and will be eligible for workers compensation to the extent provided under the Workers Compensation Act when volunteer services are provided. The volunteer understands and agrees that the volunteer is solely responsible to obtain additional insurance to cover any injuries or illness that may not be covered under the Workers Compensation Act.

By signing this agreement the volunteer agrees to perform only those duties authorized by the Department or their agents.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_.

## DNR USE

The above named volunteer is authorized to perform duties as a Maryland Forest Service volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_.