

Trappe Fire Company No. 1
20 West Fifth Avenue
Trappe, PA 19426

Volunteer Membership Application

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Date: _____ Birthdate: _____ Soc. Sec. No.: _____

Name: _____
(Last) (First) (Middle)

Home Address: _____ Years Lived Here: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Membership Category Requested: Firefighter Fire Police EMS Business

Are you at least 18 years of age? YES NO

(If NO, a parent/guardian must complete and notarize the Junior Member application affidavit)

PRIOR MEMBERSHIP INFORMATION

Have you ever worked/volunteered for this organization? YES NO

If so, date(s): _____ Prior position(s): _____

Reason(s) for leaving: _____

DRIVER'S LICENSE INFORMATION

Do you have a valid driver's license? YES NO Class: _____

Issued by what state? _____ Driver's license #: _____

LEGAL HISTORY

Have you ever been convicted, or pled guilty or no contest, to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?

YES NO If yes, explain: _____

(A conviction may not necessarily disqualify you from membership.)

EMERGENCY SERVICE CERTIFICATION INFORMATION (List only current certifications – photocopies required after admittance to membership)			
COURSE	SCHOOL	DEGREE	DATE RECEIVED

MILITARY SERVICE					
Branch of Service	From	Until	Rank	Discharge Date	Location

EDUCATION AND TRAINING

High School: _____ Year Graduated/GED: _____

College: _____ Year/Degree: _____

Other: _____ Year/Degree: _____

Fire/EMS related training not listed above: _____

Fire/EMS Professional affiliations (other than listed under prior employment): _____

REFERENCES

List TWO personal references that have known you for at least three years.

Name: _____ Address: _____

Years known: _____ Contact number (including area code): _____

Name: _____ Address: _____

Years known: _____ Contact number (including area code): _____

EMPLOYMENT HISTORY (Please provide your work history for the past three years)				
Employer Name and Address	Position	Years There	Supervisor and Phone No.	May we contact them?

PHYSICAL CERTIFICATION

Physician Name: _____ Date of physical: _____

Physician Address: _____
 Street **City** **State** **Zip**

I declare that I have personally examined the person named in this application and certify that he/she is fit to perform work in the volunteer fire and/or medical service, which may include lifting heavy objects, climbing ladders, carrying persons, wearing heavy protective clothing and wearing and using breathing apparatus, except as otherwise stated below.

(Note: fire company is not responsible for doctor's fees.)

List here any exceptions or restrictions to the above:

Signature of physician: _____ Date: _____

JUNIOR MEMBERSHIP AFFIDAVIT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

____ Day of _____, 20____

Signature of person administering oath

Municipality _____ County _____

My Commission Expires _____

I hereby certify that I am the applicant's parent/legal guardian, that I am at least 18 years of age, that the applicant has reached the age of 14 years, and this application is made with my full consent and understanding.

X _____
Signature of parent/guardian

Print name as it appears above

{SEAL}

ACKNOWLEDGEMENT AND AGREEMENT

In applying for membership with the Trappe Fire Company No. 1, Trappe, PA (hereafter "Trappe"), I understand and agree that Trappe will conduct a reference check which may include a review of public records, inquiries of my present and/or former employers and other references which I have provided regarding my qualifications and suitability for membership, verification of any other information I have provided in this application, and a report of my driver's license history from applicable law enforcement agencies. I further understand that Trappe By-Laws, policies or procedures may prohibit the admission of persons who have been convicted of certain crimes or have engaged in certain behaviors. I also understand that the application process may include a drug and alcohol test which may also be conducted at various times throughout my membership.

I hereby give my permission to any of my listed references to release to Trappe any information regarding my work and volunteer experience, including but not limited to performance of expected duties and disciplinary information.

I hereby authorize Trappe to conduct this background and reference check, as well as drug and alcohol screen, as part of the application process, and I release from liability Trappe Fire Company No. 1 and its representatives for seeking, gathering and using such information. I also release any individual or entity from any liability whatsoever for providing Trappe with any information concerning my qualifications and suitability for employment or membership, including the former employers and personal references I have identified on the application.

I authorize Trappe to send a copy of this authorization to my listed references or anyone else contacted by the Company to provide information about me.

_____	_____
Date	Signature

	Print name

Trappe Fire Company No. 1 considers applications without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Trappe Fire Company No. 1 is a DRUG-FREE WORKPLACE.

VOLUNTEER CHILD PROTECTIVE SERVICES CLEARANCES

You are required to obtain and submit the following clearances with your application (not applicable for Junior Membership):

- a) PSP Background Check (<https://epatch.state.pa.us/Home.jsp>)
- b) Child Abuse History Clearance Check (<https://www.compass.state.pa.us/cwis/public/home>)
- c) FBI Criminal History Record (https://www.pa.cogentid.com/index_dpw.htm) – this background check is required for all EMS volunteers; for FIRE volunteers, ONLY required if you have not CONTINUOUSLY lived in the state of PA for the last 10 years

(Note: Fire company is not responsible for fees incurred for any clearance checks)

FOR FIRE COMPANY USE ONLY

Date Board Approved: _____ Date Company Approved: _____

Membership Secretary Signature: _____