

Trappe Fire Company No. 1
20 West 5th Ave.
Trappe PA 19426

Volunteer Application

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Date: _____ Birth Date _____ S.S. No. _____
(If Social Security, Birth Date and Driver's License information not provided, applicant must pay for or provide the required background checks)

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

Home Address: _____
(Street) (Apt No.) (Years There)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell _____

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) here: _____

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:

BRANCH OF SERVICE	FROM	UNTIL	RANK & DUTIES	DISCHARGE DATE	LOCATION

EDUCATION AND TRAINING

I graduated from the following educational institutions:

HIGH SCHOOL ____ Year ____ GED (Instead of High School) ____ Year ____

COLLEGE ____ Year ____ Degree(s) _____

OTHER: TYPE: _____ Year ____ Degree(s) _____

TYPE: _____ Year ____ Degree(s) _____

FIRE/EMS SERVICE 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.

(A) Name: _____ Address: _____

Years Known: _____ Telephone Number (including area code): _____

(A) Name: _____ Address: _____

Years Known: _____ Telephone 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 or she is fit to perform work in the volunteer fire and/or medical services, 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 doctors fees)

List here any exceptions or restrictions to the above:

Signature of Physician: _____

JUNIOR MEMBERSHIP AFFIDAVIT

S E A L	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) (guardian) (person in loco parentis), that I am at least 18 years of age, that the applicant has reached the age of 16 years, and this application is made with my full consent and understanding. X _____ Signature of Parent, Guardian, Person in Loco Parentis _____ Print name as it appears in the signature above
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ACKNOWLEDGMENT AND AGREEMENT

In applying for membership with the Trappe Fire Co. No 1. , Trappe, PA., (hereafter "Trappe") I understand and agree that Trappe will conduct a background and reference check which may include a review of public records, criminal history check, inquiries of my present and/or former employers, 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 includes 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 the Trappe to conduct this background and reference check, as well as a Drug and Alcohol screen as part of the application process, and I release from liability Trappe Fire Company 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 Co. 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 Co. No. 1, IS A DRUG-FREE WORKPLACE

FOR FIRE COMPANY USE ONLY

BOARD SCREENING: _____

MEMBERSHIP MEETING SCREENING: _____

APPROVED FOR MEMBERSHIP: YES _____ NO _____

NOTES: _____

MEMBERSHIP SECRETARY: _____

MEMBERSHIP SECRETARY SIGNATURE: _____