

# LINCOLN PARK VOL. FIRE COMPANY

## PENN HILLS St. 221

### APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION					
NAME: (FIRST) (MI) (LAST)				DATE OF BIRTH:	
ADDRESS:				SOCIAL SECURITY #:	
TOWN:		STATE:	ZIP:	HOME PHONE #:	
CURRENT AGE:	WEIGHT:	HEIGHT:	SEX:	CELL OR OTHER PHONE #:	
MARITAL STATUS:	SPOUSES NAME: (LAST) (FIRST)			NUMBER OF CHILDREN:	

DRIVERS LICENSE INFORMATION			
<input type="checkbox"/> I DO NOT HAVE A DRIVERS LICENSE (SKIP TO EMPLOYMENT INFORMATION)			
LICENSE #:	STATE:	CLASS #:	EXPIRATION DATE:
PLEASE PROVIDE A COPY OF YOUR LICENSE WITH THIS APPLICATION			

VEHICLE INFORMATION					
<input type="checkbox"/> I DO NOT DRIVE A VEHICLE (SKIP THIS SECTION)					
YEAR:	MAKE:	MODEL:	COLOR:	PLATE #:	STATE:

EMPLOYMENT INFORMATION			
MAY WE CONTACT YOUR EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYER NAME:	
ADDRESS:		TOWN:	ZIP:
SUPERVISOR:	BUSINESS PHONE:	CURRENTLY EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO	

FIRE / PUBLIC SAFETY ORGANIZATION INFORMATION	
HAVE YOU EVER BEEN A MEMBER / EMPLOYEE OF A PUBLIC SAFETY ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IF YOU ANSWERED YES PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>	

NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	DATE OF SERVICE: FROM / TO /	
NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	DATE OF SERVICE: FROM / TO /	
NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	DATE OF SERVICE: FROM / TO /	
SPECIAL TRAINING: (SUBMIT COPIES OF CERTIFICATIONS)		

IF CURRENTLY AN EMT OR PARAMEDIC PLEASE PROVIDE EMT OR CERTIFICATION NUMBER.

<b>PERSONAL REFERENCES</b>	
<b>LIST THREE INDIVIDUALS, NON-RELATIVES, WHO YOU HAVE KNOWN FOR 3 OR MORE YEARS</b>	
NAME & PHONE #:	TOWN / STATE:
NAME & PHONE #:	TOWN / STATE:
NAME & PHONE #:	TOWN / STATE:

<b>MEDICAL INFORMATION</b>
<p>DO YOU HAVE ANY MENTAL/MEDICAL/PHYSICAL PROBLEMS THAT WOULD PREVENT YOU FROM PERFORMING FIRE COMPANY DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>DO YOU HAVE ANY KNOWN ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>ARE YOU CURRENTLY ON PRESCRIPTION MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>WERE YOU EVER INJURED OR HAVE PHYSICAL LIMITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>INDICATE ANY OF THE FOLLOWING RESTRICTIONS OR CONDITIONS:  <input type="checkbox"/> HEARING <input type="checkbox"/> VISION <input type="checkbox"/> SPEECH <input type="checkbox"/> HEART <input type="checkbox"/> BACK <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> OTHER</p> <p>BLOOD TYPE: _____ FAMILY PHYSICIAN: _____ PHONE NUMBER: _____</p> <p>PREFERRED HOSPITAL: _____</p>

<b>EMERGENCY (BENEFICIARY) CONTACT</b>		
NAME:	HOME PHONE:	OTHER PHONE:
ADDRESS:	RELATIONSHIP:	

## CRIMINAL BACKGROUND CHECK

HAVE YOU EVER BEEN CONVICTED OF SUMMARY, MISDEMEANOR, OR FELONY CRIME? (PLEASE CHECK)  YES  NO

IF YES, PLEASE EXPLAIN:

## MEMBERSHIP TYPE REQUESTED

FIREFIGHTER

LIVE IN

JUNIOR FIREFIGHTER

ASSOCIATE

ADMINISTRATIVE

OTHER

IF OTHER, PLEASE EXPLAIN:

**\*\*JUNIOR FIREFIGHTER AGE RANGE 16 – 17 YRS\*\* (MUST BE 18 TO BECOME ACTIVE FIREFIGHTER)**

## JUNIOR MEMBERSHIP APPLICANTS & PARENTS MUST READ!!

All individuals applying as junior members must be at least 16 years of age at the time the membership application is read at the company meeting. Further rules and regulations apply to junior members and working papers must be submitted along with the application. A parental signature is also required. A junior member upon being accepted will meet with the fire chief to review rules and regulations. This must be completed prior to any activity involving the junior member.

## MEMBERSHIP AGREEMENT

I have read the above application and understood the contents of it. I hereby authorize the Penn Hills Vol. Fire Company the right to thoroughly investigate all information provided.

Further, I understand that the Penn Hills Vol. Fire Company may do a criminal background check through law enforcement agencies and computerized criminal histories at the local / state and federal levels, as well as checking my driving history records.

I also understand that prior to being accepted as a member of the fire company that I may be requested to take any or all of the following tests if requested by the company: **Alcohol/Drug/Illegal Substance Abuse Test, Mental Competency Test, Physical/Stress Exam.** I am also aware that these tests may be administered following any accident at the request of the company.

If accepted as a member of the fire company I also understand that I will be a probationary member for the first 180 days of acceptance and at the discretion of the company, my membership may be terminated at any point during this time period for any reason or have the period extended for further evaluation.

I release from liability all persons, companies, and corporations supplying such background information. Furthermore I release and hold harmless the Penn Hills Vol. Fire Company from and against any and all liability which may result from making such an investigation.

I understand that any false answer, statement or representation made by myself in this application shall constitute sufficient cause for revocation of the application or membership with the Penn Hills Vol. Fire Company.

Members of the Penn Hills Vol. Fire Company reserve the rights to accept or reject any application upon a vote of the fire company at any monthly business meeting.

Lastly I understand that the Penn Hills Vol. Fire Company may hold my membership application for a period of up to 60 days if further background information is needed.

**\*\*NOTICE\*\* MAKE SURE COPIES OF ALL REQUIRED CERTIFICATES AND DRIVER LICENSE are ATTACHED\*\***

## NOTICE IF AN APPLICANT IS UNDER AGE 18 A PARENT OR GUARDIANS SIGNATURE MUST BE SUPPLIED!

PRINTED NAME OF APPLICANT:

SIGNATURE:

DATE:

PRINTED NAME OF PARENT / GUARDIAN: (IF UNDER 18 YRS OLD)

SIGNATURE: (IF UNDER 18 YRS OLD)

DATE:

IF APPLICANT IS BEING RECOMMENDED BY A MEMBER OF THE PENN HILLS FIRE COMPANY No.1 PLEASE HAVE THAT MEMBER SIGN NAME HERE:

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

BACKGROUND CHECK PERFORMED BY:

DATE COMPLETED:

APPLICATION RECEIVED BY:

APPLICATION REVIEWED BY: (FIRE CHIEF OR PRESIDENT ONLY)

ACCEPTED

DATE

REJECTED:

DATE:

HELD OVER /REASON:

