

Boothwyn Fire Company No. 1

Boothwyn Fire Company No. 1
Application for Membership

Applicants for the position of Probationary Member must be 14 years of age or older as of the date of application. All appointments are probationary for a period of 6 months. During these 6 months you must demonstrate your fitness for membership as outlined in the Company By-Laws. The fire company may dismiss any probationary member at any time during the six-month probationary period without reason.

Probationary membership is contingent upon the results of a complete background investigation. The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.

All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your full signature (First, Middle, and Last Name) on this application indicates such agreement.

Applications shall be mailed to:

Boothwyn Fire Company No. 1
1405 Meetinghouse Road
Boothwyn, PA 19061

Application process

The application once, received by the secretary, will be read at the first General Membership meeting or Board of Directors meeting. The members or the board of directors will vote to have the application turned over to the investigation committee or not. Once it is turned over to the investigation committee due diligence will begin with regard to the applicant and an investigation process. When the investigation committee has reached a decision on whether they feel the applicant is worthy of being a probationary member or not, the applicant will be notified through the mail if the application is denied and by phone if approved. If any applicant is denied membership, they must wait one year before reapplying. If the applicant is accepted, they must pay their annual dues of \$5.00 at the first General Meeting. The Boothwyn Fire Company No. 1 does not issue any reason for applicants who are denied.

Name

Date

Boothwyn Fire Company No. 1

Please read carefully and answer all questions

Personal History

Full Name

First

Middle

Last

Current Address

Number and Street

City

State

Zip Code

()

()

Home Telephone number

Cell Number

/ /

- -

Date of Birth (mm/dd/yyyy)

Social Security Number

Emergency Contact

_____ ()

Name

Relationship

Telephone Number

Previous Residences, last five years

From

To

Address

City

State

Zip

From

To

Address

City

State

Zip

Use additional paper if necessary

Education

I am currently a High School student

* Working papers must be submitted with this application

High School

Dates Attended

Yes / No

Graduated

College

Dates Attended

Yes / No

Graduated

Diploma / Degree

Technical / Specialty School

Dates Attended

Yes / No

Graduated

Diploma / Degree

Employment

Current Employer

Address

Type of business

Position Held / Title

Name

Date

Boothwyn Fire Company No. 1

Length of employment

Supervisor

If less than 1 year, previous employer:

Employer	Address
Type of Business	Position Held / Title
Length of employment	Supervisor

Criminal and Driving Record

Have you ever been convicted of a Felony or Misdemeanor? **YES / NO**
If yes, please explain

Date(s) of offense(s)

Use additional paper if necessary

Are you a Licensed Driver? **Yes / No** *A copy of your license must be attached to this application!*

State	License Number
License Class	Restrictions

Have you had any moving violations in the last three (3) years? If yes, Please explain:

Use additional paper if necessary

Do you have any Current Points? If so, How Many?

Has you license ever been revoked or suspended? If yes please state why:

Failure to disclose any of the above may be cause for rejection of application or termination of membership

Military Service

Branch of Service	Date(s) of Active Service	from	to
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Name Date

Boothwyn Fire Company No. 1

Date of Discharge

Type of Discharge

Volunteer Fire Service

Please list any current or previous Fire, Rescue, or Emergency Service affiliation

Department Name	City / State	Dates of membership
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Offices held	Contact Person	Phone Number
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Reason for leaving

Department Name	City / State	Dates of membership
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Offices held	Contact Person	Phone Number
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Reason for leaving

Use additional paper if necessary

A written recommendation from an Officer of the above companies should be attached to this application

Have you ever been refused membership to any Fire, Rescue, EMS, or Emergency Service Organization? If yes, explain:

Department Name	Reason
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Have you ever been a member or applied to the Boothwyn Fire Company No. 1 before? If yes, explain:

Date of Application / membership	Reason
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Have you ever had a Fire, Rescue, or EMS certification or license suspended or revoked? If yes, explain

Please state why you want to become a member of the Boothwyn Fire Company No. 1:

Name	Date
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Boothwyn Fire Company No. 1

Do you have any skills that our fire company can benefit from?

Fire, Rescue, EMS certifications / training certificates should be attached to this application

References

Please list the names of three (3) character references below that you are not related to.

()		
_____ Name	_____ Address	_____ Phone Number
()		
_____ Name	_____ Address	_____ Phone Number
()		
_____ Name	_____ Address	_____ Phone Number

Parental Consent Form

Must be completed if applicant is under the age of 18 years old at the time of application.

Parent / Legal Guardian Printed Name

As parent of legal guardian I hereby give my permission for:

Applicants Name

to become a member of the Boothwyn Fire Company No. 1.

_____ Parent / Legal Guardian Signature	_____ Relationship	_____ Date
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The Boothwyn Fire Company No. 1. encourages parents/guardians to attend the interview whenever possible.

Medical History & Examination *to be completed by a Physician*

The following person is applying for membership in a Volunteer Fire and EMS service.
Name: _____

Medical Illnesses: _____

Name Date

Boothwyn Fire Company No. 1

Operations:

Injuries:

Hospitalization not already described:

Allergies, Including Medication:

Is the patient currently taking any medication that may negatively affect judgment / abilities?

Is the patient currently under medical care?

If yes, Please explain:

If yes, can you provide, at the time of this examination, a written medical clearance affirming his/her ability to perform under the physical & emotional conditions of an emergency responder?

If No, Please explain:

Height	Weight	Blood Pressure	Pulse	Respirations
Glasses / corrective lenses?		Hearing problems?		
Date of last Tetanus Booster		Date of Hepatitis B Vaccination		

Hx:

Yes	No		Yes	No		Yes	No
___	___	Tobacco Use	___	___	Hypertension	___	___
___	___	Pneumonia	___	___	Heart Disease	___	___
___	___	Asthma	___	___	Hepatitis	___	___
___	___	Emphysema	___	___	Ulcers	___	___
___	___	Tuberculosis	___	___	Kidney Disease	___	___
						Bladder Infections	
						Back Injury / Pain	
						Diabetes	
						Seizures	

Is there any work or activity that you cannot perform for any physical reason? Yes / No If yes, please explain:

Have you ever had a position where you were exposed to excessive noise, dust, fumes, heat or other condition which might have an effect on your health? Yes / No If yes, please explain:

Have you ever been treated for a work related injury or occupational disease? Yes / No If yes, please explain:

Physician's Name *Please Print*

Physician's Signature Date of Exam

Physician's Address City / State Office Phone

Name Date

Boothwyn Fire Company No. 1

Authorization

I authorize the Boothwyn Fire Company No. 1 to investigate any and all statements in my application and to contact previous employers and references. I understand that false, misleading and/or substantive omission of information may be sufficient cause for termination of consideration or for the dismissal if already a member. If accepted as a member of the Boothwyn Fire Company No. 1, I agree to abide by the existing Fire Company By Laws, Standard Operating Guidelines, rules and regulations and those By Laws, Standard Operating Guidelines, rules and regulations which may become effective while I am a member of the Company.

I further agree that the Company may use the information it obtains concerning me where there is a medical emergency involving me. I understand that upon acceptance into the Boothwyn Fire Company No. 1 the Fire Company may check on an as needed basis the criminal history and drivers record of the undersigned. I understand however, that the Boothwyn Fire Company No. 1 intends to protect the confidentiality of personal information it obtains concerning me.

Applicant's Signature

Date

Include, where applicable, the following information with your application

- Copy of your Driver's License
- Driving record from Penn Dot, you can get this through their website at www.dmv.state.pa.us
- Criminal back ground check www.psp.state.pa.us
- Affidavit of Non-Conviction for Service as a Vol. Firefighter with BFC
- Training Certificates / Certifications
- Written recommendations from past Fire Department affiliations
- Medical evaluation signed by a physician
- Working Papers (Student)
- Parental Permission (Under 18 years old)
- Copy of your last report card issued (students only)

If you have any questions about your application or our meeting schedule, please call our [business office](tel:6104850269) (610) 485-0269.

Incomplete applications cannot be accepted and no action will be taken on them.

Name

Date