

# West Hempfield

Fire & Rescue Company

P.O. Box 1, Silver Spring, Pennsylvania 17575

Station (717) 285-4929

Fax (717) 285-9090

## Membership Application

(Please print legibly, all information will be kept confidential)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Citizenship \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

E-mail Address \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Can you respond to emergency calls from work? \_\_\_\_\_ Normal work hours \_\_\_\_\_ to \_\_\_\_\_

List/describe any disabilities or medical conditions which might impact your ability to perform required duties:

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Have you received the Hepatitis "B" Vaccination? \_\_\_\_\_ Date received \_\_\_\_\_

√ Check the position(s) you wish to apply for:

- Active Firefighter – 18 years of age or older serving as a firefighter
- Active Fire Police Officer – 21 years of age or older serving as a Fire Police Officer
- Active Quick Response Member – 14 years of age or older serving as a QRS member providing needed medical attention
- Active Jr. Firefighter – 14-18 years of age who wishes to be actively involved in training to become a senior firefighter
- Active Support Member - 14 years or older serving in support capacities such as fund-raisers, maintenance and other work details.
- Social Member – 14 years or older serving in a non-active capacity. Social members are encouraged to help with and support fund-raising projects.

Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list 2 (non-family) references:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Please list fire/ambulance/emergency service organizations in which you are a member or past member:

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Position: \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Position: \_\_\_\_\_ Number of Years \_\_\_\_\_

Please list any relevant training that you have completed:

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Have you received any traffic citations, been convicted of a misdemeanor or felony? Have you ever been convicted of the crime of Arson or sounding a false alarm? If yes explain:

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Please read, understand and sign the following statements:

I, (signature required) \_\_\_\_\_ understand that the stated positions require demanding physical labor and it is my responsibility to keep myself in good health to meet those demands. I also understand that I will be require to do training on my own time and during station training nights to meet the requirements of my position.

I, (signature required) \_\_\_\_\_, hereby certify that the statements made by me on this application are complete and true to the best of my knowledge and belief. I understand that any falsifications will be grounds for denial of membership or dismissal from membership.

I, (signature required) \_\_\_\_\_, authorize West Hempfield Fire & Rescue Company to conduct a criminal background check and a Bureau of Motor Vehicles record check.

I, (signature required) \_\_\_\_\_, hereby apply for membership in the West Hempfield Fire & Rescue Company and, if accepted for membership, I will comply with the constitution, bylaws, station rules, standard operating guidelines, and the conduct expected of company members.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*Include with your application all of the following that apply \*\*

- \$15.00 non-refundable application fee (covers first year dues and administrative costs)
- Copy of your drivers license and for blue light users a copy of your vehicle registration
- Hepatitis B documentation from your physician
- Working paper application if you are under the age of 18 years
- Copies of all current training certificates

(If under 18 years of age, parent/guardian signature required)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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**Fire Company Use Only**

Date Application was received \_\_\_\_\_

Application fee enclosed \_\_\_\_\_

Date of initial interview \_\_\_\_\_

Date background check returned \_\_\_\_\_

Accepted/Rejected Reason for rejection \_\_\_\_\_

Date of 1<sup>st</sup> Reading \_\_\_\_\_ Applicant Present Yes No

Date of 2<sup>nd</sup> Reading \_\_\_\_\_ Applicant Present Yes No

Date of Voting \_\_\_\_\_ Results \_\_\_\_\_