# ROSE FIRE COMPANY NO. 1,

**NEW FREEDOM BORO, YORK CO., PA**

# Application for Membership

Rose Fire Company No. 1, New Freedom Borough, York Co., PA (“Rose Fire Company”) considers applications for employment/membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, citizenship, or any other protected class.

I am applying for:

\_\_\_\_\_\_\_ Fire Fighter Membership \_\_\_\_\_\_\_ Social /Auxiliary Membership

\_\_\_\_\_\_ EMT / Paremedic Membership \_\_\_\_\_\_\_ Fire Police Membership

 \_\_\_\_\_\_\_ Junior Membership *(must be 14 yrs. of age or older)*

PLEASE PRINT

**PERSONAL INFORMATION**

Name: Date:

 (Last) (First) (Middle)

Social Security Number: \_\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

City: State: Zip Code:

Telephone Number: Email:

Are you at least 18 years of age? YES NO

If applying for Junior Membership, are you at least 14 years of age and less than 16 years of age?

If applying for Junior Emergency Responder Membership, are you at least 16 years of age?

*If you are not at least 18 years of age, a parent or legal guardian must sign this Application (in addition to the Applicant), and, if you are still in high school, you must attach a work certificate.*

How did you find out about Rose Fire Company?

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Do you have any relatives or friends working/volunteering here? If so, please list:

**CERTIFICATION INFORMATION**

**(List only current certifications - photocopies are needed at interview)**

|  |  |  |  |
| --- | --- | --- | --- |
| Certification | Certification Number | Expiration Date | Certifying Agency |
| CPR |  |  |  |
| EMT/Paramedic(Circle One) |  |  |  |
| National Registry |  |  |  |
| PALS |  |  |  |
| ACLS |  |  |  |
| BTLS |  |  |  |
| EMD |  |  |  |
| CDL |  |  |  |
| EVOC/EMS Vehicle Operator |  |  |  |
| Other: \_\_\_\_\_\_\_\_ |  |  |  |

**MILITARY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BRANCH OF SERVICE | DATE BEGAN | DATEENDED  | RANK & DUTIES | DATE DISCHARGED | LOCATION |
|  |  |  |  |  |  |

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest grade completed:

Have you received your GED? YES NO

**COLLEGE:**

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest year completed:

Degree: Major:

**OTHER SCHOOL/TRAINING:**

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest year completed:

Certificate: License:

Expires: Expires:

OTHER:

**EMS/FIRE SERVICE-RELATED TRAINING NOT LISTED ABOVE:**

**EMS/FIRE AFFILIATIONS**:

**REFERENCES**

Name: Address:

Relation: Years Known:

Telephone Number (including area code):

Name: Address:

Relation: Years Known:

Telephone Number (including area code):

|  |
| --- |
| **EMERGENCY CONTACT INFORMATION** |
|  | **Name** | **Relationship** |  |
|  |  |  |  |
|  | **Day Phone Number** | **Evening Phone Number** |  |
|  |  |  |  |

**ACKNOWLEDGMENT**

I certify that the information I have given on this application is true, complete, and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if I become a member or employee. I recognize that completion of this application does not mean that I will be accepted as a member and does not bind Rose Fire Company to accept me as a member. Applications will remain active for six months, after which time re-application will be necessary. If accepted for membership, I agree to abide by all rules, regulations and policies established by Rose Fire Company and its officers and other persons in charge. I understand that, if accepted as a member, my membership is voluntary and may be terminated in accordance with the Rose Fire Company Bylaws, policies, procedures and all applicable laws and regulations. This application is not an agreement or a contract for membership.

I hereby authorize Rose Fire Company to inquire about my volunteer history with former volunteer organizations and to make any further inquiries considered necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release Rose Fire Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Application Fee: $20 Paid via \_\_\_\_ Cash \_\_\_\_\_ Check

*\*Junior Applicants do not pay an application fee.*

**Applicant's Signature: Date:**

**Printed Name:**

**Signature of Parent or Legal Guardian (if under 18):**

**\**All Members will be on a 6-month probation period from the date the application is accepted by***

**OFFICIAL USE ONLY**

**Membership Application, Accepted or Denied**

 ***Circle one***

Application received by: Date:

Date Interviewed:

Voted in on: , 20\_\_\_\_ as a member of the Rose Fire Co. #1

 Background Check cleared: \_\_\_\_\_ Yes \_\_\_\_\_ No

Membership Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Rose Fire Co. #1 membership.***