

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:

- | | |
|--|---|
| <p>_____ Fire Fighter Membership</p> <p>_____ EMT / Paramedic Membership</p> <p>_____ Junior Membership (<i>must be 14 yrs. of age or older</i>)</p> | <p>_____ Social /Auxiliary Membership</p> <p>_____ Fire Police Membership</p> |
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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? _____

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	DATE ENDED	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 Rose Fire Co. #1 membership.*

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: _____