

MEMBERSHIP APPLICATION

**WEST BRADFORD FIRE COMPANY
1305 WEST STRASBURG ROAD
WEST CHESTER, PA 19382**

West Bradford Fire Company is a volunteer organization providing rescue and firefighting services in West Bradford Township and surrounding areas. In applying for a membership, applicants recognize that in serving persons and property, knowledge of a person's background and history is important to maintain the integrity of the service and to maintain the confidence of the public that is being served.

This application must be fully completed. The applicant recognizes that if there is a failure to complete any section, the applicant is deemed to be denied without further action of the membership committee other than to return any fee that is normally returned upon rejection of an application.

Information regarding beneficiary information is necessary for benefits that may be provided through West Bradford Firefighters Relief Association.

Withholding information or making false statements on this application will result in your dismissal from membership at the West Bradford Fire Company.

A completed application must be submitted to a member of the Membership Committee together with any applicable fees/dues.

Received this _____ day of _____, 20_____

By _____
(print name and sign)

Background investigation completed (date) _____

First reading at meeting held on (date) _____

Vote held at meeting on (date) _____

Accepted _____ Rejected _____

PROCESS FOR CONSIDERATION OF MEMBERSHIP

Thank you for considering membership in the West Bradford Fire Company. The company is desirous of obtaining new members; however, it is necessary that proper review of all applications be made. The following process will apply to all applications that have been properly submitted.

1. The application must be completed in full; including the *Authorization to Release Information* form and the *Pennsylvania State Police Request for Criminal Record Check* form.
2. Membership dues of \$10.00 together with a \$10.00 fee (non-refundable) for background check are to be submitted with the application.
3. The membership dues of \$10.00 will be refunded if the application is not accepted or is rejected by the membership. Received By: _____
4. The membership application must be given to a member of the Membership Committee
5. The Committee will complete the background check.
6. The application will be presented at a regular monthly Company meeting.
7. The application will be presented at a second Company meeting, at which time the members will either accept or reject the application.
8. The Membership Committee or the Company Secretary will notify the applicant of any action taken regarding the application.
 - Applicants between the age of 16 and 18 must include the signature of their parent or guardian on the application.
 - Applicants may observe, but not participate in, work force training nights
 - Applicants shall not be issued any equipment of the West Bradford Firefighters Relief Association or the Fire Company until an application for membership is finally approved.
 - Members must be 18 years of age to be Active Firefighters or be between the ages of 16 to 18 to be Apprentice Firefighters
 - Members must be 16 years of age to be an Active Administrative Member.

The Fire Chief may appoint applicants between 14 and 16 as Associate Members who wish to be Junior Firefighters under rules established by the Fire Chief, the Company and any working rules established by government authority. They shall not be voting members of the Company, but are considered members of the West Bradford Firefighters Relief Association.

PLEASE PRINT – MARK AREAS THAT ARE NOT APPLICABLE N/A

Name: First _____ Middle _____ Last _____ Prefix _____

Date of birth: _____ Place of birth _____

Home Address:

Street _____ Apt/unit # _____

City _____ State _____ Zip _____

Telephone: Home _____

Work _____

Mobile _____

Email address _____

How long have you resided at the present address? _____ year(s)

If less than one year, provide previous address and how long you lived there:

Are you a U.S. Citizen or resident alien authorized to work in the United States?

(circle one) Yes No

List maiden name or any nickname or alias that you have used:

EMPLOYMENT

Present employer name and address _____

Supervisor _____ Type of business _____

Position _____ Length of employment _____

MOTOR VEHICLE INFORMATION

Do you possess a valid driver's license? (circle one) Yes No

Driver's license number _____ State _____ Exp. _____

Type of license _____ Restrictions _____

MEDICAL INFORMATION

Are you aware of any present condition that may affect your ability to perform the duties of a volunteer firefighter? (circle one) Yes No

If the answer is yes, explain _____

Allergies: _____

COURT RECORD

Have you ever been convicted of any criminal offense? (circle one) Yes No

Have you had any traffic violations in the past 5 years? (circle one) Yes No

Have you been rejected or discharged by another emergency services organization? (circle one) Yes No

Provide additional information regarding any yes answers. Include date, place (including state), charge, and final disposition _____

Are you presently subject to any court restrictions or reporting?

If so, explain: _____

INTERESTS

Indicate any areas you may be interested in by circling your choice or choices below

Firefighting

Fire Police

Auxiliary

Administration

Fund Raising

House Committee

Are you currently, or have you ever been a member of another emergency services organization? If so, please list below:

| <u>Name, Address of Organization</u> | <u>Position Held</u> | <u>Years</u> |
|--------------------------------------|----------------------|--------------|
| 1. _____ _____ _____ | _____ | _____ |
| 2. _____ _____ _____ | _____ | _____ |

Have you ever had any fire department related training, or first aid training? If so, please list below, including course name, place taken and date. *(Copy of Certificates must be provided.)*

| <u>Course</u> | <u>Location</u> | <u>Date</u> |
|---------------|-----------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

You may provide additional courses on a separate piece of paper.

List any special abilities, interests or skills which you feel would be beneficial to the Company:

REFERENCES

List three (3) people (*NOT RELATED*) who are familiar with you; such as a teacher, employer, doctor or friend who have known you for at least three (3) years.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

YEARS KNOWN: _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

YEARS KNOWN: _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

YEARS KNOWN: _____ PHONE NUMBER: _____

WEST BRADFORD FIRE COMPANY REFERENCES

List West Bradford Fire Company Members that know you:

Member Name:

1) _____

2) _____

3) _____

4) _____

5) _____

PARENT OR GUARDIAN SIGNATURE (If Required):

_____ DATE _____

(Printed Name)

SIGNED _____ DATE _____

By signature I agree that the information contained in this application may be verified; including criminal background check, by the West Bradford Fire Company and/or West Bradford Township. That all information contained herein is correct to the best of my knowledge and ability.

A person commits a misdemeanor of the third degree if he/she makes a false statement which he/she does not believe to be true.



WEST BRADFORD TOWNSHIP
"Between the Brandywines"
& WEST BRADFORD FIRE COMPANY

**AUTHORIZATION TO RELEASE
INFORMATION**

*Criminal Records & Driving History Verification
West Bradford Township & West Bradford Fire Company*

I, _____ (print name), do hereby agree to submit to:

1. A criminal records screening conducted by the Pennsylvania State Police (PATCH Program), and
2. A driving history screening conducted by the Pennsylvania Department of Transportation's Bureau of Driver Licensing

I hereby agree and authorize that any and all results of such investigations and screenings shall be released in writing to the Township Manager, and/or his or her designee(s). I understand that the results of such screenings will be used in further consideration of my application for membership in the West Bradford Fire Company by providing information for use in reviewing my background and qualifications. I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

Applicant's Signature

Date

*Guardian's Signature
(only if applicant is under the age of 18)*

Date