

Concordville

Fire & Protective Association



Application for Membership

Concordville Fire & Protective Association

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Application for Membership

Welcome to the Concordville Fire & Protective Association. Volunteering your time to serve your community through an emergency service organization can be a personally rewarding and enriching experience. Here you will find teamwork, camaraderie, and a deep community spirit. We will provide the training, education, and equipment needed to make your endeavor here successful. Preparation for safely and efficiently operating at an emergency scene will require you to take both classroom and tactile education and the commitment of time and effort on your part should not be underestimated.

Applicants for the position of Probationary Member must be 16 years of age or older as of the date of application.

All appointments are probationary for a period of 12 months. During these 12 months you must demonstrate your fitness for membership as outlined in the Company By-Laws.

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.

THE FOLLOWING REQUIREMENTS ARE MANDATED BY STATE LAW

ALL BACKGROUND CHECKS MUST BE DATED WITHIN 60 DAYS OF APPLICATION

- 1. You will need to present a Pennsylvania State Police Criminal Record Check at the time of your application.** A Pennsylvania State Police Criminal Record Check application may be obtained online at <https://epatch.state.pa.us>
- 2. You will need to present a Child Abuse Report** (<https://www.dhs.pa.gov/keepkidssafe/clearances>)
- 3. If you have not resided in Pennsylvania for at least the past 10 years you must provide an FBI Background Check** (<https://www.identogo.com>) CODE 1KG756)

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

Applications shall be mailed or delivered to:

Concordville Fire & Protective Association
854 Concord Road
P.O. Box 70
Concordville, PA 19331-0070

Application process

The completed application and supporting documentation should be returned to the Fire Company Business Office at least one day prior to the Board of Director's meeting. Board meetings are held at 8:00 P.M. on the Wednesday night before the regular monthly Company meeting, which is held on the 2nd Thursday of every month.

The applicant is expected to attend that Board of Director's Meeting for an interview.

Please bring any supporting documentation / training certificates, if any, to the Board Meeting. You will also be asked for a \$2.00 initiation fee and \$3.00 for the first years' dues. Applicants under the age of 18 years old must have parent / guardian signed permission. Students will require working papers.

Applicants are proposed for membership at the regular Company Meeting following their interview. The following month, at the regular Company meeting, the applicant is voted on for membership. Applicants are encouraged to attend that meeting.

Name

Date

Concordville Fire & Protective Association

Please read carefully and answer all questions.

Full Name

First Middle Last

Current Address

Number and Street

City State Zip Code

() ()
Home Telephone number Cell Number Email address

/ / - -
Date of Birth (mm/dd/yyyy) Social Security Number

Date of Birth (mm/dd/yyyy) Social Security Number

Emergency Contact

Name Relationship Telephone Number

Education

I am currently a High School student
* Working papers must be submitted with this application.

Highest level of education: High School Some College College Graduate

Employment

Current Employer Position Held / Title

Military Service

Date of Discharge Type of Discharge

References

Please list the names of two references below that you are not related to.

Name Address Phone Number

Name Address Phone Number

Driving Record

Has your driving privileges been suspended or revoked during the past (3) three years?

No Yes (explain) _____

Name Date

Concordville Fire & Protective Association

Current or previous Fire, Rescue, or Emergency Service affiliation

Department Name _____ City / State _____ Dates of membership _____

Department Name _____ City / State _____ Dates of membership _____

A written recommendation from the Chief 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?

NO YES yes, explain:

Department Name _____ Reason _____

Have you ever been a member or applied to the Concordville Fire & Protective Association before?

NO YES yes, explain:

Date of Application / membership _____ Reason for leaving _____

Have you ever had a Fire, Rescue, or EMS certification or license suspended or revoked?

NO YES yes, explain:

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

Parental Consent

Parent / Legal Guardian Printed Name _____

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

Applicants Name _____

to become a member of the Concordville Fire & Protective Association.

Parent / Legal Guardian Signature _____ Relationship _____ Date _____

The Concordville Fire & Protective Assn. encourages parents/guardians to attend the interview whenever possible.

Name _____ Date _____

Concordville Fire & Protective Association

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:

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		

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, dusts, 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

Physicians Address

City / State

Office Phone

Name

Date

Concordville Fire & Protective Association

I have included:

- Completed Physical signed by a Physician.
- Copy of Driver's License
- Pennsylvania State Police Criminal Record Check
- Child Abuse Clearance
- FBI Criminal Background check (if applicable)
- Parental approval if under 18 years old
- Working Papers if under 18 years old
- Recommendation from previous Emergency Service Organization Chief (if applicable)
- \$5.00 first year dues and initiation fee

I authorize the Concordville Fire & Protective Association to investigate any and all statements in my application and to contact 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 Concordville Fire & Protective Association, 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 however, that the Concordville Fire & Protective Association intends to protect the confidentiality of personal information it obtains concerning me.

Name

Applicant's Signature

Date

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

Name

Date