

Skippack Fire Company

1240 Bridge Rd.
Skippack, PA 19474
www.skippackfire.com

Application for Membership

Membership Type: Regular (age 18 and older) Minor (age 16-17)
(Working Papers are required for Candidates under 18)

Areas of Interest: Fire Fighting
 Vehicle Rescue
 Hazardous Materials
 Driving/Engineering
 Fire Police
 Administration

Proposed by (If applicable): _____

Personal Information:

Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Home Telephone Number: (____) ____ - ____
Cell Phone Number: (____) ____ - ____
Personal Pager Number: (____) ____ - ____
Email Address: _____@_____._____
Maiden/Alias Name: _____

Emergency Contact(s):

Primary Contact: _____
Relationship: _____
Telephone Number: (____) ____ - ____
Cell Number: (____) ____ - ____

Alternate Contact: _____
Relationship: _____
Telephone Number: (____) ____ - ____
Cell Number: (____) ____ - ____

Employer Information:

Employer Name: _____
Title: _____
Address: _____
City: _____ State: ____ Zip: _____
Work Phone Number: (____) ____ - ____
Fax Number: (____) ____ - ____
Work Pager Number: (____) ____ - ____
Email Address: _____@_____._____
Normal Working Hours: (specify below)

Day Evening Night

Able to leave work for emergency calls?

Yes No

Driver Licensing Information:

Pennsylvania: Other: _____
Operator Number: _____
Class: A B C Active? Y N
If CDL, is it active?: Y N
Endorsements: H N P S T L

General Information:

Have you ever been convicted of a crime other than a Summary offense? Yes No

If yes, please explain: _____

Do you speak, read or write any foreign languages? Yes No

If yes, what languages? _____

References:

Please list three (3) references, not related to you, that we may contact for a personal reference:

Telephone Number: (____) _____ - _____

Telephone Number: (____) _____ - _____

Telephone Number: (____) _____ - _____

Fire Service Experience:

List all Fire, EMS and/or Police organizations to which you have belonged:

Organization: _____ Membership Status: _____
Officer in Charge: _____ Telephone Number: (____) _____ - _____

Organization: _____ Membership Status: _____
Officer in Charge: _____ Telephone Number: (____) _____ - _____

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Officer in Charge: _____ Telephone Number: (____) _____ - _____

Organization: _____ Membership Status: _____
Officer in Charge: _____ Telephone Number: (____) _____ - _____

Have you ever been discharged from or refused entry to any other emergency service organization?

Yes No If yes, please explain the situation: _____

Organization: _____
Officer in Charge: _____ Telephone Number: (____) _____ - _____

List highest emergency service certification/training level you have completed for each category:

Fire: Course Name: _____ Agency: _____
Rescue: Course Name: _____ Agency: _____
Vehicle Rescue: Course Name: _____ Agency: _____
Emergency Driving: Course Name: _____ Agency: _____
Hazardous Materials: Course Name: _____ Agency: _____
EMS: Course Name: _____ Agency: _____
Police (Rank): Course Name: _____ Agency: _____

List any other skills that you would consider beneficial to our organization:

Certification:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, any false statement shall be considered grounds for dismissal.

I authorize the Skippack Fire Company to investigate any or all information on this application, and hereby authorize the named references to disclose such information, personal or otherwise, as requested during this investigation. I agree to release all parties from all liability as a result of the disclosure of the requested information.

I understand that, if accepted, my membership is governed by the charter, bylaws, constitution, rules and regulations of the Skippack Fire Company.

I authorize the Skippack Fire Company to conduct a criminal background check that may be a determining factor in my acceptance for membership: (please initial) Yes No
If yes, please provide Date of Birth: ___/___/___ and Social Security Number: _____ - _____ - _____
to be used only for conducting the background check.

Print Name: _____ Signature: _____

Parent/Guardian Signature: _____
(Required for Minor Membership)

Parent/Guardian Signature: _____
(Required for Minor Membership)

Date of Application: ___/___/___

Fire Company use only below	
Date of Interview: ___/___/___	Date of Background Check: ___/___/___
Background Check conducted by: _____ Results: Passed <input type="checkbox"/> Failed <input type="checkbox"/>	
Recommended for membership: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Mentor Assigned: _____	
If no, explain: _____	

Investigating Committee Signatures (minimum 3 required):	
_____	_____
_____	_____
_____	_____
Alternate official signature (if required): _____	