



## EAST PENNSBORO FIRE DEPARTMENT

### COMPANY MEMBERSHIP APPLICATION

03/09/2016

Dear Prospective Member:

Thank you for your interest in becoming a member of East Pennsboro Twp. Fire Department (EPFD). Your inquiry about membership with our organization demonstrates that you have the desire and willingness to serve your community in a very special way.

The companies of the EPFD believe that its members are our most important resource. In this welcome kit you will find a membership application. Also attached is a checklist to assist you in the process of completing the necessary forms. This application must be completed as instructed and returned to the company you are applying for membership with along with all the required documents. There is a \$5.00 non-refundable application fee which must also be included.

After receipt of the completed membership package, a review process will commence and will be conducted by the Membership Committee. The application will also be given to **East Pennsboro Township Police Department (EPPD)** for a driver's license check.

All applicants must have a PA State Police (<https://epatch.state.pa.us>) and Child Abuse background check (at your expense) (<https://www.compass.state.pa.us/CWIS>) prior to submitting the application for membership. Forms for each are also enclosed.

If an applicant is found favorable for membership with the EPFD company of your choosing, the name of the candidate will be presented to the general membership for voting.

In accordance with Pennsylvania Child Labor Law, prospective members between the ages of 14 and 18 must submit a valid Transferrable Work Permit (also known as "working papers") with the application. The Transferable Work Permit is available through most school district offices.

If you have any questions while working with these forms, please call the company station you are applying with.

#### [Enola Fire Co. #3, Company 17](#)

118 Chester RD  
Enola, PA 17025  
Station Phone: 717-732-1919  
[www.efc17.com](http://www.efc17.com)

#### [Northeast Fire & Rescue, Company 20](#)

202 Third St. P.O. Box 89  
Summerdale, PA 17093  
Station Phone: 717-732-0047  
[www.nefr20.com](http://www.nefr20.com)

#### [Creekside Fire Company, Company 21](#)

13 East Dulles Drive  
Camp Hill, PA 17011  
Station Phone: 717-732-0121  
[www.creeksidefire.org](http://www.creeksidefire.org)



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**MEMBERSHIP APPLICATION PROCESS CHECKLIST**

To ensure that your membership application can be processed, please use this checklist when assembling the paperwork included in the membership packet.

**For all applicants – Please complete items 1-5 below:**

1. Membership Application completed? \_\_\_\_\_
2. State Police Background Check completed and original copy enclosed? \_\_\_\_\_
3. Child Abuse Check complete and original copy enclosed? \_\_\_\_\_
4. Non-refundable application fee of \$5.00 enclosed?  
*(Cash, check or money order made payable to company of application)* \_\_\_\_\_
5. Photo copy of your PA driver's license? \_\_\_\_\_
6. VFIS life insurance beneficiary form completed? \_\_\_\_\_
7. Hepatitis vaccination verification form enclosed? \_\_\_\_\_

**For those applicants under age 18, MUST ALSO ATTACH:**

- Parental consent form completed and notarized? \_\_\_\_\_
- Transferable work permit ("working papers") enclosed? \_\_\_\_\_

**PLEASE SUBMIT ALL REQUIRED DOCUMENTS WITH YOUR APPLICATION. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.**

Receipt of Company Policies Acknowledgement form. \_\_\_\_\_  
*(For Company use only)*



## EAST PENNSBORO FIRE DEPARTMENT

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#### APPLICATION FOR MEMBERSHIP

**ENOLA FIRE CO. #3 CO. 17 \_\_\_\_\_ NORTHEAST FIRE & RESCUE CO. 20 \_\_\_\_\_  
CREEKSIDE FIRE COMPANY CO. 21 \_\_\_\_\_**

EPFD and member companies consider applications for membership without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law. All membership applications will be reviewed by the membership committee. Upon acceptable review by the membership committee, the application will be presented to the general membership for voting to be voted upon for probationary membership in the respective company of application. EPFD does not tolerate the use of illegal drugs.

Type of membership you're applying for:

- \_\_\_\_\_ Active (Firefighter) Active on tactical side of operations; must be at least 18 years of age; participate in trainings and achieve required certifications.
- \_\_\_\_\_ Support Non-active on tactical side of operations but can offer other services to the company; must be at least 18 years of age.
- \_\_\_\_\_ Associate Active on tactical side of operations but not a permanent resident of East Pennsboro Twp.; membership time is limited. May be used for members in a constant review of eligibility. May not hold an office and may not vote.
- \_\_\_\_\_ Fire Police Active on tactical side of operations for Fire Police; must be at least 18 years of age, participate in trainings, support the "parent" company and achieve required certifications. Additional approval by EPPD and EP Twp. Board of Commissioners required.
- \_\_\_\_\_ Junior Must be at least 14 years of age and less than 18 years of age; adhere to PA Child Labor Laws. May not hold an office and may not vote.

Recommended by company member:

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**PLEASE PRINT WHEN ANSWERING QUESTIONS BELOW**

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

**PERSONAL INFORMATION**

NAME:

\_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(last four digits only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_ (Email) \_\_\_\_\_

Preferred method of contact (*please check one*):  Home  Work  Cell  Email

Have you been a resident of Pennsylvania for at least 10 consecutive years?  YES  NO

Would you like to receive company emails?  YES, email: \_\_\_\_\_  NO

Are you at least 18 years of age?  YES  NO

*If no, a parent or legal guardian must also sign this application. If you are still in high school, you must attach working papers and the parental consent form with this application as well.*

How did you find out about EPFD?  
\_\_\_\_\_  
\_\_\_\_\_

List any relatives or friends who are members of EPFD:  
\_\_\_\_\_  
\_\_\_\_\_



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### PRIOR CONDUCT

Joining a Volunteer Organization requires good moral character. Please respond to the following questions.

In the past 5 years, have you been arrested, cited, or been issued a summons by any law enforcement official?  YES  NO

In the past 5 years have you been charged with any traffic violations?  YES  NO

In the past 10 years have you been charged with DUI?  YES  NO

Have you **EVER** been convicted of a felony offense?  YES  NO

Have you **EVER** been convicted of an offense involving a crime of violence?  YES  NO

Have you **EVER** been charged with an offense involving firearms, explosives, or arson?  YES  NO

Have you **EVER** been charged with an offense against a child?  YES  NO

Do you currently have any charges pending against you?  YES  NO

Are you currently on parole or probation?  YES  NO

In the past 7 years have you filed under any chapter of the bankruptcy code?  YES  NO

Are you currently more than 60 days past due on any debt?  YES  NO

Disciplined or fired for excessive absenteeism?  YES  NO

Disciplined or fired for insubordination?  YES  NO

Disciplined or fired for violation of safety rules?  YES  NO

Disciplined or fired for assault or fighting?  YES  NO

Disciplined or fired for harassment?  YES  NO

Disciplined or fired for patient abuse?  YES  NO

Disciplined or fired for alcohol or drug related activity?  YES  NO

Disciplined, fired, charged, or convicted for any reason not listed above?  YES  NO



## **EAST PENNSBORO FIRE DEPARTMENT**

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If you can answer “YES” to any questions on this questionnaire, please provide details such as Date, Agency Involved and Place of Occurrence, What Happened, and the Outcome of the Occurrence.

If you answered yes to any question above, please explain:

*Answers of “yes” for any of the above questions will not automatically disqualify you from membership.*



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#### EDUCATION AND VOLUNTEER AFFILIATIONS

Please list your highest level of education:

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Current/Past emergency services/other volunteer affiliations:

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*Please attach a copy of any certificate you have received with any emergency service affiliation.*

#### WORK HISTORY

Please list your current employer. If less than two years at the same employer, please provide previous employer information.

Current Employer Name:

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Address:

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Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Previous Employer Name:

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Address:

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Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_



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**REFERENCES**

Please list three people, who have knowledge of your character, work experience, education, or volunteer activities.

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_ Years Known: \_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_ Years Known: \_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_ Years Known: \_\_\_\_\_





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**EMERGENCY CONTACT INFORMATION**

Primary Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Phone: (W) \_\_\_\_\_

Secondary Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Phone: (W) \_\_\_\_\_



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#### BENEFICIARY INFORMATION

Our volunteers are protected with group insurance. It is to your advantage to name a beneficiary. Please complete the following information.

	PRIMARY	SECONDARY
Full Name of Beneficiary		
Relationship		
Address of Beneficiary (Including City, State, Zip)		
Phone Number		

If the designated beneficiary is under the age of 18, please list their parent/guardian information:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Phone: (W) \_\_\_\_\_



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**EAST PENNSBORO FIRE DEPARTMENT (EPFD)  
ACKNOWLEDGEMENT**

I certify that the information I have given on this application is true, complete and correct. I understand that any false information or the omission of information may be sufficient reason for denial of membership or termination of membership if I become a member. I recognize that completion of this application does not imply acceptance and does not obligate the EPFD member companies to elect me as a member. Applications will remain active for six months, after which time reapplication will be necessary. If accepted for membership I agree to abide by all the rules, regulations, and policies established by EPFD, member companies, or their officer(s). I understand that if accepted as a member, my membership is voluntary and may be terminated in accordance with the provisions of the member company bylaws, policies and procedures. This application is not an agreement or a contract for employment.

I understand that I may be required to undergo drug and alcohol screening tests as a condition of membership, and at times while I am a member. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to membership and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. If no prescription, you will be disqualified from membership. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by member companies of the EPFD in order to ensure I can complete the duties of my company membership, and I give my consent to the release of all information to the company which the company deems necessary to determine my ability to perform duties now or in the future. All information obtained will be kept confidential for EPFD and company use only. I further understand that refusal to submit an alcohol or drug screen test at any time will result in immediate discharge from EPFD.

I understand that my application for membership is voluntary and hereby authorize EPFD, member companies, and the East Pennsboro Township Police Department (EPPD) to make any investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check and other such inquiries. I release EPFD, member companies, EPPD, and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*



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### EAST PENNSBORO FIRE DEPARTMENT (EPFD) BACKGROUND AND REFERENCE CHECK AUTHORIZATION FORM

Applicant's Name (please print): \_\_\_\_\_

I have applied for membership with a member company of EPFD (Enola Fire Co. #3, Northeast Fire & Rescue, or Creekside Fire Company). As part of the application process, I understand that an EPFD member company will conduct a background and reference check which will include a review of public records, my criminal history, driving history and inquiries of my former employers and organizations of which I am or have been a member or employed, and the references which I provided regarding my qualifications for membership. I understand that the criminal history check, driving history check and other investigation will be conducted by the EPFD member company and the East Pennsboro Township Police Department (EPPD) or their agents.

I authorize EPFD member companies and EPPD to conduct this background and reference check as part of my application process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I also release and forever discharge EPFD, member companies, EPPD, their officers, employees, agents and contractors from any and all causes of action, liability, claim, lost, cost, or expense, and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to this background check. I also release and forever discharge any individual, agency or organization providing any information about me to EPFD, member companies, or EPPD from any and all causes of action, liability, claim, loss, cost or expense whatsoever related to the furnishing of such information and for the use of the information in determining my fitness for membership.

Applicant's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*



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**BELOW THIS LINE - COMPANY USE ONLY**

MEMBER INITIALS:

DATE:

- Date voted in: \_\_\_\_\_
- Driver date: \_\_\_\_\_
- Active member date: \_\_\_\_\_
- Associate member date: \_\_\_\_\_
- Junior member date: \_\_\_\_\_
- Honorary member date: \_\_\_\_\_
- Life member date: \_\_\_\_\_
- Fire Police recommendation date: \_\_\_\_\_
  
- Driver's license check: \_\_\_\_\_  
If no, explain: \_\_\_\_\_
- Reference check: \_\_\_\_\_  
If no, explain: \_\_\_\_\_
  
- Investigated by: \_\_\_\_\_
  
- Membership committee approval: \_\_\_\_\_  
If no, explain: \_\_\_\_\_
  
- Approved by Company: \_\_\_\_\_  
If no, explain: \_\_\_\_\_



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**BELOW THIS LINE - FIRE POLICE USE ONLY**

Member Company: \_\_\_\_\_

Date voted in to "parent" Fire Company \_\_\_\_\_

Fire Police recommendation date (provide copy of completed Fire Company Application): \_\_\_\_\_

Date approved by Fire Police Captain: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Date approved by East Pennsboro Police Department: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Date approved by East Pennsboro Fire Board: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Date approved by East Pennsboro Board of Commissioners: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Date Oath of Office administered : \_\_\_\_\_