Mail/Hand Deliver Application



Union Fire Company No. 1

Membership Application

This is the Union Fire Company No. 1’s Mail in or Hand Deliver Application

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# Membership Application Instructions

1. Applicants for the position of Junior Member must be 16 years of age as of the date of the application. Applicants for the position of Probationary Member must be 18 years of age or older as of the date of application. You must provide a valid Pennsylvania driver’s license or two documents connecting your name to your residence. **Minors naming the Union Fire Company No. 1 as the employer MUST supply Working Papers with this application.**
2. All information provided in this application is deemed ***STRICTLY CONFIDENTIAL*** and will not be shared with anyone outside of the Membership Committee and Board of Directors.
3. All applicants must understand that all appointments are probationary for a 12 month period. During these 12 months, you must demonstrate your fitness for membership as outlined in the Company By-Laws.
4. Applicants must submit the results of a complete background investigation with their application. All applicants will be required to obtain a Pennsylvania State Police criminal background check and a Child Abuse History Clearance from the Department of Human Services. Applicants who have resided in the Commonwealth for less than 10 years will also be required to obtain and FBI criminal background check. Membership is contingent upon the results of this investigation. The willful withholding of information or making false statements will constitute grounds for immediate dismissal. Below are instructions to complete each of the necessary clearances.

* Pennsylvania State Police criminal background check:
  + - Go to <https://epatch.state.pa.us>
    - Select Record Check -> New Record Check and follow the prompts. Be sure to select “VOLUNTEER” as the reason for the submission. By doing so, the background check will be free.
* Child Abuse History Clearance:
  + Go to <https://www/compass.state.pa.us/cwis/public/home>. You must create a Keystone account and log in to complete the Child Abuse History Clearance.
* FBI criminal background check which includes finger printing. Cost of $28.75

1. All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your full signature (First, Middle and Last Name) on this application indicates such agreement.
2. Submitting your application. Applicants may email their completed application and supporting documents to [membership@oxfordfire.com](mailto:membership@oxfordfire.com); hand deliver or mail their application to:

Union Fire Company No. 1

*Membership Committee*

315 Market Street

Oxford, PA 19363

1. The Membership Committee will contact the applicant to schedule an interview. At the time of the in-person interview, $15.00 will be collected as the current year’s dues and initiation fee.
2. Please read this application carefully and then type or print your responses. Retain a copy for your records.
3. Any questions or concerns, please feel free to email the Membership Committee at: membership@oxfordfire.com

# Application for Membership

Please read carefully and answer all questions

## Personal History:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name:** | | | **Middle:** | | **Last:** | | | | |
| **Current Address:** | | | | | | | | | |
| **Home Phone #:** | | | | **Cell Phone #:** | | | | | |
| **Email Address:** | | | | **Social Security #:** | | | | | |
| **Date of Birth:** | | | | **Age:** | | | **Sex:** | | |
| **Emergency Contact:** | | | | | | | | | |
| *Name/Relationship* | | | | *Area Code & Phone Number* | | | | | |
| List below your residences, most recent first, for the last 10 years. | | | | | | | | | |
| **From:** | **To:** | **Address:** | | | | **City** | | **State:** | **Zip:** |
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## Education:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of School:** | **Address:** | **Date Graduated:** |
| **High School:** |  |  |  |
| **College:** |  |  |  |
| **Specialty:** |  |  |  |

## Employment:

|  |  |  |
| --- | --- | --- |
| **Name of Employer:** | **Full Address of Employer:** | **Type of Business:** |
| **Current Position:** | **Supervisor’s Name:** | **Business Phone #:** |
| **Length of Employment:** | **Are you able to leave work for emergency incidents:** | |

|  |  |  |
| --- | --- | --- |
| **Name of Employer:** | **Full Address of Employer:** | **Type of Business:** |
| **Current Position:** | **Supervisor’s Name:** | **Business Phone #:** |
| **Length of Employment:** | **Are you able to leave work for emergency incidents:** | |

|  |  |  |
| --- | --- | --- |
| **Name of Employer:** | **Full Address of Employer:** | **Type of Business:** |
| **Current Position:** | **Supervisor’s Name:** | **Business Phone #:** |
| **Length of Employment:** | **Are you able to leave work for emergency incidents:** | |

## Criminal Offense(s)

|  |
| --- |
| **Have you ever been arrested and convicted of a felony?**  **If Yes, please explain**: |

## Driving Record - Copy of Driver License Required

|  |  |  |
| --- | --- | --- |
| **Are you a Licensed Driver:** | **State:** | **License #:** |
| **Have you had any moving Violations within the last 3 years?** | **If Yes, please explain:** | **License Class:** |
| **Any Restrictions:** | **Do you have any current Points?** | **If yes, how many:** |

## Medical History

If you have had a physical within the last 12 month, please include a copy of that physical with the application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Date of Birth: | Height: | | Weight: |
| Blood Pressure: | Pulse: | Respirations: | | Temperature: |
| Blood Type: | Do you wear Glasses or Contact Lenses? | Do you have trouble with your Hearing? | | Do you use Tobacco?  If so, how much? |
| Have you ever had TB, Pneumonia, Asthma or Emphysema? | | | | Date of last Tetanus Booster: |
| Have you ever had any Heart Trouble?  Do you have High Blood Pressure?  Have you ever had Hepatitis?  What Type? | | | | |
| Have you ever had the Hepatitis B Vaccination? | | | Date of Hep B Vaccination: | |
| Have you ever had Ulcers?  Have you ever had Chronic Diarrhea?  Have you ever had a Hernia?  Do you have Diabetes? Are you on Diabetic Medicine?  Have you ever had Kidney Disease?  Have you ever had a Bladder Infection?  Have you ever had a back problem? | | | | |
| Are you Subject to Seizures?  If yes, please explain: | | | | |
| Is there any work or activity that you cannot perform for any physical reason?  If yes, please explain: | | | | |
| Have you ever had a job where you were exposed to excessive noise, dusts, fumes, heat or other conditions which might have an effect on your health? | | | | |
| Have you ever been treated for a work injury or occupational disease?  If yes, please explain: | | | | |
| ***Please describe and provide dates for the following:*** | | | | |
| Medical Illnesses: | | | | |
| Operations: | | | | |
| Injuries: | | | | |
| Hospitalization, not already described: | | | | |
| Allergies: | | | | |
| Current Medications including any allergy medicine: | | | | |
| Are you currently under Medical care?  If yes, please explain.  If under Medical care, please provide a written medical clearance affirming your ability to perform under the physical & emotional conditions of an emergency responder. **Clearance Received by Station 21: \_\_\_\_\_\_\_\_\_\_** | | | | |

## Areas of Interest

Please indicate which areas you are interested in:

Firefighting:  Fire Police:  Ambulance:  General Support:

Have you ever been a member of a fire, ambulance or other emergency service organization? If yes, please list the organizations’ name, address, telephone number and the dates of membership and any positions that you held.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates:** | **Organization:** | **Address:** | **Phone:** | **Membership Type:** | **Position Held:** |
|  |  |  |  |  |  |
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Please provide at the time of your interview, a written recommendation from an officer of any of the above names companies, if applicable. **Recommendation received by Union Fire Company No. 1 \_\_\_\_\_\_**

Have you been refused membership to any fire, ambulance or emergency organization?

If yes, list the name(s) of the organization(s) and the reason(s).

Have you ever had any fire, rescue or ambulance Training?

If yes, list the course names, dates and location of training. **NOTE: *PLEASE PROVIDE DOCUMENTATION***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Course Name:** | **Location:** | **Documentation Received:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you have any special skills or abilities for membership that you feel could benefit the Union Fire Company No. 1?

Have you ever been a member or applied for membership with the Union Fire Company No. 1?

If yes, please explain:

## References

List 3 people not relatives, who are familiar with you and have known you for at least 5 years.

|  |  |  |
| --- | --- | --- |
| **Name:** |  | Years Known: |
| **Address:** |  | |
| **Telephone:** |  | |
| **Relationship:** |  | |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | Years Known: |
| **Address:** |  | |
| **Telephone:** |  | |
| **Relationship:** |  | |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | Years Known: |
| **Address:** |  | |
| **Telephone:** |  | |
| **Relationship:** |  | |

List any members of the Union Fire Company no. 1 that you know.

|  |  |
| --- | --- |
| **Name:** |  |
| **Name:** |  |
| **Name:** |  |

## PARENTAL CONSENT FORM

Please complete this section if applicant is less than 18 years of age. As \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Name

Parent/Legal Guardian, I hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to become a Applicants Name

member of the Union Fire Company No. 1.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Reminder: MINORS** naming Union Fire Company No. 1 as their Employer **MUST SUPPLY** Working Papers.

## Signature Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, do hereby proclaim that the information contained in

First, Middle & Last Name

this application is correct to the best of my knowledge.

I further agree that the Union Fire Company No. 1 may use the information it has obtained concerning me when there is a medical emergency that involves me. I understand however, that the Union Fire Company No. 1 intends to protect the confidentiality of personal information it obtains concerning me.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant’s Full Signature

Mail or Deliver to:

The Union Fire Company No. 1

315 Market Street

Oxford, PA 19363

# UnionFire Company No. 1 Administration Use Only

|  |  |
| --- | --- |
| Application Submitted: |  |
| Application Fee:  Includes 1 year membership dues | $ |
| Background Investigations:  PA State Criminal \_\_\_\_\_\_\_\_  Child Abuse \_\_\_\_\_\_\_  FBI Investigation \_\_\_\_\_\_\_\_ | Date Received:  Date Received:  Date Received: |
| Copy of Driver’s License: | Driver #: |
| Working Papers (if applicable): | Date Received: |
| Parental Consent (if applicable): | Date Received: |
| Interviewed by Membership Committee: |  |
| Applicant Voted into Membership: *Please circle* | Yes No |
| Membership Type: (*Please circle)* | Legacy (<16)  Junior (16-18)  Probationary start date:  Active start date: |
| Membership Card Number: | Issued Date: |
| Company Orientation:  Received By-Laws  SOG’s  Membership Card  Probationary Manual | \_\_\_\_\_\_\_initials of new member  \_\_\_\_\_\_\_initials of new member  \_\_\_\_\_\_\_initials of new member  \_\_\_\_\_\_\_initials of new member |

We, the Membership and Investigating Committees, recommend that this applicant be approved for membership.

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_

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

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

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

We, the Board of Directors of the Union Fire Company No. 1 recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Membership.

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Chairman of the Board Date of Directors Meeting