

Union Fire Company No. 1

315 Market Street • Oxford, PA 19363

(610) 932-2411 • Fax (610) 932-9114

www.oxfordfire.com

station21@oxfordfire.com

APPLICATION FOR MEMBERSHIP

1. Applicants for position of Junior Member must be 16 years of age as of the date of application. You must provide a valid Pennsylvania drivers license or two documents connecting your name to your residence.
2. Applicants for position of Probationary Member must be 18 years of age or older as of the date of application. You must provide a valid Pennsylvania drivers license or two documents connecting your name to your residence.
3. All applicants must understand that 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.
4. You must also understand that probationary membership is contingent upon the results of a complete background investigation. By signing this Application, you give the Union Fire Company No. 1 permission to conduct a complete Criminal Record Check through the Pennsylvania State Police.
5. 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.
6. **The Application shall be mailed or delivered to:**

Union Fire Company No. 1
Membership Committee
315 Market Street
Oxford, PA 19363
7. The Membership Committee will contact the applicant for an interview. At the time of the interview, \$25.00 will be collected as the current year's dues, the initiation fee, and the Record Check fee.
8. Please read carefully and then type or print your responses.
9. Retain this page for your records.

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Please **READ CAREFULLY** and answer **ALL** of the questions.

A. PERSONAL HISTORY

Full Name: _____
FIRST MIDDLE LAST

Current Address: _____

Home Phone #: () _____ SS # _____

Date of Birth: _____ Age: _____ Sex: _____

Emergency Contact: _____
NAME CONTACT PHONE #

With the most recent first, please list all of your previous residences over the past ten years.

FROM	TO	ADDRESS	CITY	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. EDUCATION

Name of School	Location	Date Graduated
High School: _____	_____	_____
College: _____	_____	_____
Specialty: _____	_____	_____

C. EMPLOYMENT

Name and Address of your current employer: _____

Type of business: _____

Position Held: _____ Supervisor's Name: _____

Length of Employment: _____ Business Phone #: _____

Are you able to leave work for emergency incidents? _____

D. COURT RECORD

Have you ever been arrested and convicted of any criminal offenses? _____

If yes, Please explain: _____

E. DRIVING RECORD

Are you a licensed driver? _____

State: _____ Driver License #: _____

Class of License: _____ Restrictions: _____

Have you had any moving violations within the past three (3) years? _____

If yes, Please explain: _____

Do you have any current points on your driver's license? _____

If yes, How many? _____

NOTE: PLEASE, provide a copy of your driver's license with this application.

F. MEDICAL HISTORY

If you have had a current physical within the past twelve (12) months, please include a copy of that physical with this application.

This information is very important for our records. Members taking part in active firefighting activities may sometimes be faced with situations that take a physical toll on the human body. By having this information on file, the Union Fire Company No. 1 will better understand the physical capabilities of the members and will also be able to use this information as a reference should an emergency arise.

PLEASE DESCRIBE AND GIVE DATES FOR THE FOLLOWING:

MEDICAL ILLNESSES: _____

OPERATIONS: _____

INJURIES: _____

HOSPITALIZATION, NOT ALREADY DESCRIBED: _____

ALLERGIES, INCLUDING MEDICATIONS: _____

ARE YOU PRESENTLY UNDER MEDICAL CARE? _____

IF YES, PLEASE EXPLAIN: _____

IF YES, CAN YOU PROVIDE, AT THE TIME OF THE INTERVIEW, A WRITTEN MEDICAL CLEARANCE AFFIRMING YOUR ABILITY TO PERFORM UNDER THE PHYSICAL & EMOTIONAL CONDITIONS OF AN EMERGENCY RESPONDER? _____

IF NO, PLEASE EXPLAIN: _____

HEIGHT: _____ WEIGHT: _____

VITAL SIGNS: BLOOD PRESSURE: _____ PULSE: _____ RESPIRATIONS: _____

TEMPERATURE: _____ BLOOD TYPE: _____

DO YOU WEAR GLASSES/CONTACT LENSES? _____ DO YOU HAVE TROUBLE WITH YOUR HEARING? _____

DO YOU USE TOBACCO? _____ HOW MUCH? _____

HAVE YOU EVER HAD TB, PNEUMONIA, ASTHMA OR EMPHYSEMA? _____

HAVE YOU EVER HAD ANY HEART TROUBLE? _____ DO YOU HAVE HIGH BLOOD PRESSURE? _____

HAVE YOU EVER HAD HEPATITIS? _____ HAVE YOU EVER HAD A HERNIA? _____

HAVE YOU EVER HAD ULCERS OR CHRONIC DIARRHEA? _____

HAVE YOU EVER HAD KIDNEY DISEASE OR A BLADDER INFECTION? _____

HAVE YOU EVER HAD A BACK PROBLEM? _____ DO YOU HAVE DIABETES? _____

ARE YOU SUBJECT TO SEIZURE? _____ IF SO EXPLAIN? _____

IS THERE ANY WORK OR ACTIVITY YOU CANNOT PERFORM FOR ANY PHYSICAL REASON? _____

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? _____

WHAT IS THE DATE OF YOUR LAST: TETANUS BOOSTER? _____

HEPATITIS B VACCINATION? _____

IS THERE ANY MEDICAL INFORMATION YOU WOULD LIKE TO ADD ABOUT YOURSELF? _____

G. AREAS OF INTEREST

Indicate which areas that you are interested in serving the Union Fire Company No. 1:

Firefighting: _____ Ambulance: _____
Fire Police: _____ General Support: _____

Have you ever been a member of a Fire, Ambulance, or any other Emergency Services Organization? _____

If yes, Please list the organization's name, address, and phone number. Also provide the dates of your membership and any positions that you held.

Please provide, at the time of your interview, a written recommendation from an Officer of any of the above named departments.

Have you ever been refused membership to any Fire, Ambulance, or any other Emergency Services Organization? _____

If so, please list the name(s) of the organization(s) and the reason(s):

Have you ever had any fire, rescue, or Emergency Medical Services Training? _____

If so, please list the course names, dates, and location of the training:

NOTE: Please provide a copy of all documentation.

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

H. REFERENCES

Please list three (3) people, non-relative, who are familiar with you and have known you for at least five (5) years.

Name: _____

Address: _____

Home Phone #: (____) _____ Years Known: _____

Email Address: _____

Name: _____

Address: _____

Home Phone #: (____) _____ Years Known: _____

Email Address: _____

Name: _____

Address: _____

Home Phone #: (____) _____ Years Known: _____

Email Address: _____

Please list any members of the Union Fire Company No. 1 that you know:

I. PARENTAL CONSENT FORM

Note: Form to be completed if the applicant is under eighteen (18) years of age.

As Parent/Legal Guardian, I hereby give my permission for

_____ to become a member of the
Union Fire Company No. 1.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Note: Minors that name Union Fire Company No. 1 as their employer, must supply the necessary working papers.

J. AUTHORIZATION FORM

I, _____, the undersigned, do hereby authorize
FIRST, MIDDLE, & LAST NAME

The Union Fire Company No. 1 to conduct a complete background investigation on me as a condition of my applying for membership.

I further agree that the Union Fire Company No. 1 may use the information obtained from the complete background investigation when there is a medical emergency involving me.

I understand, however, that the Union Fire Company No. 1 intends to protect the confidentiality of the personal information obtained concerning me.

Applicant's Signature

Date

FIRE COMPANY ADMINISTRATIVE USE ONLY

Application submitted: _____

Dues Submitted: _____ \$ _____

Background Investigation: _____

Copy of Drivers License: _____

Working Papers (If Needed): _____

Parental Consent (If Needed): _____

Interviewed by the Investigating Committee: _____

Applicant Voted into Membership: _____

Company Orientation: _____

(Received Membership Card, By-Laws, Standard Operating Guidelines)

We, the Investigating Committee, 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 this Applicant for Membership.

Yes _____ No _____

SIGNATURE: CHAIRMAN OF BOARD

DATE OF DIRECTORS MEETING