

**HEMPFIELD VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

ACTIVE MEMBER _____
(FIREFIGHTER, EMT, SPECIAL FIRE POLICE)

PARTICIPANT/ASSOCIATE MEMBER _____
(Auxiliary, fundraising, etc)

JUNIOR FIREFIGHTER _____ *ALL applicant's between the ages of 16 - 18,
or those who are still in high school, can only be accepted as a Junior Firefighter.
Please check ONE of the above selections accordingly.*

DATE OF APPLICATION ____/____/____ DOB: ____/____/____/

FULL NAME _____ HEIGHT ____' ____" WEIGHT _____
(First, Middle, & Last)

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

SSN: _____ - _____ - _____ required to conduct a background check per Pennsylvania State Police for all volunteers.

PRIMARY PHONE # (_____) _____ - _____ SECONDARY PHONE # (_____) _____ - _____

EMPLOYER _____ OCCUPATION _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE # (_____) _____ - _____ SUPERVISOR'S NAME _____

WORK HOURS _____ CAN YOU LEAVE FOR EMERGENCIES _____

RECOMMENDED BY #1 _____ #2 _____

YEARS OF EDUCATION _____ **PRESIDENT** DRIVER'S LICENSE # _____ **CHIEF** STATE _____

CHARACTER REFERENCES #1 _____ PHONE _____
(ACTIVE MEMBERS) #2 _____ PHONE _____

MARITAL STATUS: MARRIED _____ SINGLE _____ NO. of CHILDREN UNDER 18 YEARS OLD _____

DO YOU VOLUNTEER TO BE FINGER PRINTED? _____ BLOOD TYPE _____

AFRAID OF: HEIGHTS _____ CLOSED IN SPACES _____ EXPOSURE TO FIRE _____

ANY PREVIOUS FIRE TRAINING? _____ No. of YEARS

STATION NAME/LOCATION _____

CHIEF/ASSISTANT CHIEF _____ CONTACT # (_____) _____ - _____

CONSENT AND RELEASE FORM: PUBLICATION

THE UNDERSIGNED HEREBY DOES ACKNOWLEDGE AND CONSENT TO VIDEO AND/OR STILL PHOTOGRAPHY TO BE TAKEN OF HIM/HER TO BE USED FOR TRAINING AND PROMOTIONAL PURPOSES, INCLUDING SOCIAL MEDIA, THE INTERNET, LOCAL RADIO AND TELEVISION/PRINT MEDIA – PLEASE SIGN. ALL JUNIOR FIREFIGHTERS MUST HAVE A PARENT'S CONSENT.

SIGNATURE (parent if under 18) _____

DATE _____

By signing this application, I understand: Which states Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads: "A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act." All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of either of the following: 1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions. OR 2. By dating and signing of the following statement by the person swearing to the following: "I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa. C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00"

If accepted I will abide by all rules and regulations as set forth in the by-laws of Hempfield Township Volunteer Fire Department and Relief Association of Mercer County Incorporated as well as all standard operating procedures. This information will be filed in the applicant's personnel folder and remain in the possession of the Hempfield Township Volunteer Fire Department. _____(applicant initials)

THE UNDERSIGNED IS AN APPLICANT FOR MEMBERSHIP IN THE HEMPFIELD TOWNSHIP VOLUNTEER FIRE DEPARTMENT AND DOES HEREBY CONSENT TO A BACKGROUND CHECK OF THE APPLICANT AND THE DISCLOSURE OF ITS FINDINGS TO THE RECIPIENT OF THE APPLICATION, HEREBY RELEASING ALL PARTIES OF ANY LIABILITY IN CONNECTION THEREWITH.

***BRING ALL ORIGINAL TRAINING CERTIFICATES: COPIES WILL BE HELD FOR OUR RECORDS**

SIGNATURE _____ DATE _____

WITNESS SIGNATURE DATE

IF UNDER 18 AND PARENTS ARE DIVORCED OR SEPERATED THEN BOTH SIGNATURES ARE REQUESTED.

_____, _____
SIGNATURE AND PRINT SIGNATURE AND PRINT

Do not write below this line, for fire department use only.

ACCEPTED _____ DENIED _____ DATE _____

REMARKS