

CENTRE SQUARE



FIRE COMPANY

1298 Skippack Pike
Blue Bell, PA 19422

Business: 610-272-4686
Fax: 610-2720-0437

“EVERYONE GOES HOME”

Thank you for your interest in becoming a member of the Centre Square Fire Company. We welcome all who are interested in volunteering their time and efforts to this highly motivated fire company. Below you will find a list detailing the process that you will need to follow in order to become a member.

- ❖ Since you are taking the time to read this letter, then you have already begun your first step toward becoming a volunteer Firefighter. Please fill out this application completely and accurately. Please be sure to sign and date the application on the last page.
- ❖ Please return your completed application to an **officer** at the Centre Square Fire Company. Your application will be reviewed by the membership committee. Once your application is complete you will receive a phone call to schedule an informal interview.
- ❖ New members are voted on at every monthly meeting which occurs on the second Thursday of each month. You do not need to attend the meeting at which we will be voting on your membership.

In the event you have any questions about the application for membership, the Centre Square Fire Company, or learning more about how you can volunteer your time to our community, please call 610-272-4686 ext.7 and ask to speak with an officer or someone from the membership committee.

Centre Square Use Only
 Submitted to (csfc member): _____ Date: _____
 Application and Interview Approved by: _____ Date: _____
 Date voted on at monthly meeting: _____
 Voted into membership: Yes or No

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APPLICATION FOR MEMBERSHIP

◇ Fire Fighter ◇ Junior FF(16&17 yrs) ◇ Fire Police ◇ Corporate ◇ Social

Name: _____
Address: _____
City: _____
Zip Code: _____
Sex: M F
Home Phone: _____
E-Mail: _____
Social Security #: _____
Date of Birth: _____

1. Are you legally authorized to work in the U.S.? YES _____ NO _____
3. Do you have any commitments or responsibilities that might prevent you from meeting job requirements?
YES _____ NO _____ If yes, please explain:

4. Do you have any relatives in the Fire Department? YES _____ NO _____
If yes, who? _____

Emergency Contact

Name: _____
Relationship: _____
Address: _____
City: _____
Zip Code: _____
Phone: _____

References

List three (3) people who are not related to you, that we can contact.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

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Medical

Your family doctor: _____
Doctor’s address: _____
Doctor’s phone #: _____
Date of last physical: _____

Height: _____ ft _____ in

Weight: _____

Medications: _____

Allergies: _____

The essential job functions of a volunteer firefighter and fire police officer in the Centre Square Fire Company include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.

I have examined the applicant and have found them to be physically and mentally capable of performing typical firefighting activities at Centre Square Fire Company.

Doctors Signature

Date

Doctors Printed Name

1. Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying? YES _____ NO _____
If you answered yes, please explain:

2. Are you able to successfully complete these essential functions with or without reasonable accommodations? YES _____ NO _____ Not Applicable _____

F.F Initial: _____

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Education and Training

1. High School: _____ Did you graduate? YES ____ NO ____

2. College/Trade School: _____ Major: _____

Did you earn your degree? YES _____ NO _____

3. Please list any skills which you feel relate to this position:

4. Have you received Firefighter training in the past? YES ____ NO ____

Type of Firefighter training:

5. Have you received first aid/EMS training in the past? YES ____ NO ____

Type of first aid/EMS training:

6. Please list any Fire or EMS agencies you've belonged to in the past 5 years:

Company: _____ Officer in charge during your affiliation: _____

Company: _____ Officer in charge during your affiliation: _____

Company: _____ Officer in charge during your affiliation: _____

Background and Driving Record Check

1. Have you ever been convicted of, pleaded guilty or “no contest” to a crime?

YES ____ NO ____

If yes, date and place:

If yes, Nature of offense:

Driver's license #: _____ Class: _____ Restrictions: _____ Expires: _____

Vehicle make: _____ Year: _____ License Plate #: _____ State: _____

I release the Centre Square Fire Company and the Whitpain Township Police from any and all liabilities regarding the completion of my background investigation.

F.F Initial: _____

Whitpain Police Approval

Date



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Availability and Employment History

1. What days/hours are you available to respond to emergency calls?

2. Can you be available for the following training and meeting sessions?

Training- Every Monday of the month, 7:00 p.m. (active members only)

YES _____ NO _____

Meetings- Every Second Thursday of the month, 7:00 p.m. (active and corporate members) YES _____ NO _____

3. Can you attend and complete various NFPA Fire Training Programs held at county fire academies?

YES _____ NO _____

1. Present Employer: _____

Address: _____

Phone: _____

Job Title: _____

Specific Duties:

2. Please list your Military Service if applicable:

Branch of Service: _____

Reserve Status: _____

3. Any mechanical, electrical or other specialized work experience?

YES _____ NO _____

If so, please explain:

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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 statements shall be grounds for dismissal. I authorize the Centre Square Fire Company to investigate any and all information on this application, and hereby authorize the named references to disclose such information, personal or otherwise, as requested during the investigation. I agree to release all parties from 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, and rules and regulations of the Centre Square Fire Company. I agree to serve a probationary period as provided by the fire company regulations. I realize that I may request to undergo a physical examination at the fire company’s expense as a condition of my acceptance into the fire company. I am attaching a three dollar (\$3.00) membership fee which will be returned to me if I am not accepted into membership.

Applicant Signature

Date

Applicant Printed Name

Junior Firefighters

I/We the parents(s)/guardian(s) of _____ give my/our permission for our son/daughter to apply for membership in the Centre Square Fire Company. I/We also, give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must obtain work permit papers as issued from the department of education of the commonwealth of Pennsylvania, which is provided by the local school district, and I/We will attach the working papers to this application. Note the junior firefighter applicant will not be permitted to take part in any function of the department until such working papers have been turned into the Membership Committee.

Parent(s)/Guardian Signature

Date

Parent Printed Name

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