



Hazle Township Volunteer Fire & Rescue Company



Mailing Address: P.O. Box 499, Harleigh, PA 18225

Physical Address: 1113 North Church Street, Hazle Township, PA 18202

Phone: 570-454-3411

Confidential Membership Application

All applicants shall be of sound mind and body and of good moral character. Applicants should be fully aware of the duties he/she shall be expected to perform and the hardships and dangers these duties may present.

As a member of this organization, you will be expected to participate and maintain training standards/certifications, housekeeping, work sessions and fundraising efforts, as well as your normal duties.

Illegal use of drugs is expressly forbidden and shall be cause for immediate dismissal. Guns and alcohol are forbidden on all company/township property.

Bylaws are provided at the time of acceptance. You must be able to comply with the bylaws and policies of this fire company. Standard Operating Procedures will be available for review and shall be a guidance tool for your roles in the fire company.

All members should be oriented by the Personnel Officer/Fire Chief appointee on entry to this fire company.

Notice

It is the policy of the Hazle Township Volunteer Fire & Rescue Company to require **ALL** new membership applicants to submit a criminal background check with their application for membership in this organization.

The applicant shall be responsible for all costs of this background check. No criminal records shall be older than six months. All applications must be completed properly, with all required documents. No applications will be accepted without required documents. This policy also applies to **ALL** former members reapplying for membership.

All applicants must attach a \$30 application fee.

Ladies Auxiliary must complete the application. No medical screening/physical or criminal background check is required.

Junior Firefighters must have working papers completed and attached to application. Juniors must have their parents or legal guardians sign the application.

Fire police and firefighters must have the following:

- Medical screening/physical (signed on physician stationary) within one month of application
- Criminal background record
- Application fee of \$30
- Copies of all fire, rescue and EMS certification
- Child abuse clearance within two years

All applications must be submitted to the Fire Chief for initial approval and review.

The Fire Chief will present the application to the Board of Directors for review and approval with recommendation(s) to the company body at their next regular monthly meeting.

The applicant must appear before the Board of Directors meeting, which is scheduled the last Sunday of each month at 10 a.m.

Please see next page for application

Hazle Township Fire & Rescue Co. Membership Application

Membership Classification:

_____ Ladies Auxiliary

_____ Junior Firefighter

_____ Fire Police

_____ Firefighter

Full Name: _____

Date of Birth: _____

Last five of Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Operators License #: _____

Height: _____

Weight: _____

Current Employer: _____

Address: _____

Years employed: _____

Phone #: _____

Supervisors(s): _____

Can we contact your present employer? Yes _____ No _____

Do you now or have you ever belonged to any other fire or EMS organization?

Yes _____

No _____

List organizations: _____

Reason for leaving other organization(s): _____

Why do you want to want to join our organization? _____

How can you make our organization better? _____

Do you have any physical injuries, disabilities or problems that would in any way affect your performance in this fire company?

Is there anything listed on your criminal/traffic record?

Please name three (3) references not related to you for us to contact:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Name _____ Phone # _____

Education (List location of graduation)

Grammar School _____

High School _____

College _____

Types of degrees or certifications: _____

All fire, rescue or emergency medical service certificates must be attached.

I, the undersigned, affirm that all the above statement is true to the best of my knowledge. I also agree to abide by all company rules and regulations as put forth by the bylaws, policies and standard operating procedures/guidelines of this company. I understand that I must submit this application with all required documentation and it must be completed truthfully.

Signature of Applicant _____ Date: _____

Emergency Contact Information:

Name _____ Phone # _____

Name _____ Phone # _____

Junior Applicants Only

Signature of parent(s)/legal guardian: _____

Date: _____

FOR OFFICE USE ONLY

Application Fee: Yes _____ No _____

Date of Submission _____

Fire Chief Signature: _____ Date: _____

Board of Directors Signature: _____ Date: _____

Accepted _____ Denied _____

Company Secretary Signature: _____ Date: _____

Accepted _____ Denied _____

Probation Start Date: _____ End Date: _____