



Shermans Dale Community Fire Company Membership Application

Current Information:

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

Have you lived in the state of Pennsylvania continuously for 10 years or longer. **Yes:**____ **No:**____

Date of birth: ____/____/____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver Information:

Drivers License Number: _____ Class: _____ Expiration Date: _____

____ Junior FF (must present work permit)

____ Active Firefighter

____ Fire Police

____ Social/Fundraising

(To become an Active Firefighter, Junior Firefighter and/or Fire Police, the applicant must live within Shermans Dale Community Fire Companies fire district and/or first due mutual aid area. Otherwise the applicant must be authorized by the 5 person Board of Directors.)

Current Employment:

Employer: _____ Name of Supervisor: _____

Address: _____

Phone Number: _____ Years Employed: _____

Motivation:

Please explain why you are interested in becoming a member of the Shermans Dale Community Fire Company.

Medical History: (Active / Junior firefighters / Fire Police only)

Have you ever had any serious injuries or illness that could affect your ability to be a firefighter? (Example - high blood pressure, diabetic problems, breathing problems, etc.) **Yes:** ____ **No:** ____ if yes, please list the condition explaining what the illness is and any medications you are currently taking.

Past History:

If you have not lived at your Current Address for 10 years, please list all other addresses of residence.

Are you aware that part of this Membership process will be a Criminal Background Check and your continued affiliation with this company could be dependent on a periodic review of that Check? **Yes:** ____ **No:** ____

Have you ever been convicted of a crime other than a summary traffic offense? **Yes:** ____ **No:** ____ if yes, please include a written explanation of the circumstances. A conviction includes a guilty or no contest plea, or verdict following a trial, and includes all misdemeanors and felonies in any jurisdiction at any time. Failure to disclose this information may be deemed cause for termination during Probationary Membership.

Are you now, or ever have you been, a member of another department whether Fire or EMS? **Yes:** ____ **No:** ____
(If yes, please list the department, number of years a member and the fire chief's name and contact number)

Have you ever been disciplined at the department stated above? **Yes:** ____ **No:** ____ (If yes, please explain the events and what penalty was given):

Do you have any Fire or EMS qualifications? **Yes:** ____ **No:** ____ (If yes, please make a photo copy of all qualifications. If copies cannot be made, we will assist you. **** Also note, all copies will not be returned****)

References:

Please list 3 references that are not related to you in anyway and that you have not listed already.

1) Last Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

2) Last Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

3) Last Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Dependents:

Name: _____ D.O.B. _____
Name: _____ D.O.B. _____
Name: _____ D.O.B. _____
Name: _____ D.O.B. _____

Beneficiary Designation for Accident & Sickness Policy

I hereby designate the following beneficiary (ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary there under here to fore made by me. I direct that any amounts payable under said policy to my beneficiary (ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary Beneficiary:

Name: _____ Relationship: _____ D.O.B. _____ Share: _____ %
Name: _____ Relationship: _____ D.O.B. _____ Share: _____ %

Contingent Beneficiary:

Name: _____ Relationship: _____ D.O.B. _____ Share: _____ %
Name: _____ Relationship: _____ D.O.B. _____ Share: _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms and policy. I reserve the right to revoke or change this designation.

I acknowledge and will abide that our fire company has a mandatory policy in effect that I must wear my seat belt on all apparatus at any time when riding a piece of equipment.

Signature Required: _____

The Shermans Dale Community Fire Company is a non-profit, volunteer organization that does not discriminate on the basis of race, creed, religion, sex, age, sexual orientation, or national origin. This organization does reserve the right to reject any applicant based on criminal history, previous proven misconduct in another organization, falsification of information, or not fully completing this application.

After the submission of this application, the application will then be acknowledged at our next monthly meeting. The membership committee will then have until the next monthly meeting to research the applicant and make a recommendation to be brought forward to the company. With the company's approval, the applicant will then be placed on a 3 month probationary period. After that time period expires the Membership Committee will then review the applicant's status based upon attendance at meetings, fundraisers, fire calls, trainings, ect. The committee will then make a recommendation to the company to change your status from probationary to active firefighter, or continue your probationary period or deny you membership to the company.

With my signature below, I hereby request consideration as an applicant for membership in the Shermans Dale Community Fire Company promising if elected into membership, to abide by the constitution, by-laws, and all rules and regulations. Any misstatement will be sufficient cause for removal from the membership. I further certify that all information provided is true and correct to the best of my knowledge. This application is accompanied by \$1 membership fee.

_____/_____
Applicant's Signature / Date

If under 18 years of age, a work permit from school must accompany the application

Parent / Legal Guardian Signature

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Address: _____

Phone: _____

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

Date read at meeting: _____ Probation period: _____ - _____

Acceptance date: _____ Denied date: _____

If denied, please explain why? _____

Required Checks for this application

Required	Done	Check Type	Reference Number
Y or N	Y or N	PA Patch Clearance	
Y or N	Y or N	DHS Child Abuse Clearance	
Y or N	Y or N	FBI Criminal Background Check	

APPLICATION NOTES