

Midway Volunteer Fire Company

Application for Membership

Please print the requested information.

No prior firefighting experience is required. All training and equipment will be provided.

Completed applications may be dropped off in person at our Main Station located at 5770 Route 202 next to Peddlers Village, each Tuesday evening. To make arrangements to drop off your application at a more convenient time, and talk with a member of the membership committee, call (215) 794-5612 or e-mail us.

Once your completed application has been received, the membership committee will complete a background check and schedule an interview with you. After your interview and background check have been completed the membership committee will make a recommendation to the company whether or not to accept your application. A vote by the membership to accept you as a probationary firefighter and member of the fire company will then take place at the next scheduled monthly business meeting.

Personal Information

Name: _____ **Social Security Number:** _____

Present Address: _____

How long have you lived at your present address? _____

Previous Address _____

How long did you live at the previous address? _____

Home Phone Number: _____ **Date of Birth:** _____

Cell Phone Number: _____ **Pager Number:** _____

E-mail Address: _____

Drivers License Number: _____ **State** _____

Have you ever been convicted of a crime? YES/ NO If YES, please explain:

Do you have any previous firefighting and or rescue experience? _____

If yes, please fill out the information requested below. Please be sure to include copies of any training certificates you have received when turning in your application.

Fire Company/ Department _____

Address: _____

Contact: _____ Phone Number: _____

Fire Company/ Department _____

Address: _____

Contact: _____ Phone Number: _____

Please check any courses that you have completed.

- | | |
|-------------------------------|-------------------------------|
| _____ Firefighter 1 | _____ Hazmat First Responder |
| _____ Firefighter 2 | _____ Hazmat Operations |
| _____ Basic Vehicle Rescue | _____ Hazmat Technician |
| _____ Advanced Vehicle Rescue | _____ FAST/ RIT Team Training |
| _____ EVOC/ Driver Training | _____ Officer 1 |
| _____ Pump 1 | _____ Officer 2 |
| _____ Pump 2 | _____ Officer 3 |

Did you hold any executive office or line officer positions? _____ If yes, please list:

Position: _____ Number of years _____

Position: _____ Number of years _____

Position: _____ Number of years _____

Position: _____ Number of years _____

Position: _____ Number of years _____

Position: _____ Number of years _____

Education

Education Level School Name Address

College _____

Number of years attended: _____

Technical School _____

Number of years attended: _____

High School _____

Number of years attended: _____

Employment

Please list past and present employers, starting with the most recent.

Company: _____ Years employed: _____
Position: _____ Address: _____
Phone: _____
Type of business: _____

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Position: _____ Address: _____
Phone: _____
Type of business: _____

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Position: _____ Address: _____
Phone: _____
Type of business: _____

Company: _____ Years employed: _____
Position: _____ Address: _____
Phone: _____
Type of business: _____

Personal References (not former employers or relatives)

Name: _____ Address: _____
Phone Number: _____
Occupation: _____

Name: _____ Address: _____
Phone Number: _____
Occupation: _____

Name: _____ Address: _____
Phone Number: _____
Occupation: _____

Name: _____ Address: _____
Phone Number: _____
Occupation: _____

Statement of Understandings and Authorizations

I hereby apply for membership in the Midway Volunteer Fire Company (hereinafter know as the Company) and, if accepted for membership, I will comply with the constitution, bylaws, rules, standard operating guidelines, and the conduct expected of company members.

I authorize the Company to investigate the statements made in this application and I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Bureau of Motor Vehicles records check. I understand that omitting or falsifying information in this application or any subsequent interview connected with this application may result in denial of membership or expulsion from the Company.

I hereby authorize the following parties to release any and all information concerning me to the Officers of the Company and their agent:

- 1. Bureau of Motor Vehicles of the Commonwealth of Pennsylvania, or any other state driver’s license authority;
- 2. Any Law Enforcement Agency;
- 3. Any emergency services agency I was ever a member of;
- 4. Any employer, past or present.

Signature of Applicant:

_____ Date: _____

Printed Name: _____

Membership Committee Processing Record

Date that application was received: _____

Date of Interview: _____

Date that criminal record check was completed: _____

Date that driver’s license check was completed: _____

Recommended for membership YES/ NO, If YES,

Date of membership vote and results: _____