

Po-Mar-Lin Fire Company Membership Application

PO-MAR-LIN FIRE COMPANY

36 Firehouse Drive
Unionville, PA 19375
Membership Application



Thank you for your interest in applying to volunteer with Po-Mar-Lin Fire Company. Please fill out this application in its entirety and submit **IN PERSON** Monday nights from 7-9pm. Please understand that our bylaws state that you must be presented in one meeting and voted upon the next to become a member of Po-Mar-Lin Fire Company.

A few things to consider:

- We will accept applications for membership from persons meeting the age qualification of 18 years or older. Juniors will need to submit a separate form for consideration.
- Pennsylvania state law requires us to inquire certain background investigations to protect the interests of our community. Detailed information can be found on Page 4.
- If you are currently affiliated with another Fire Company please include a letter of recommendation from your current Chief.
- Include **COPIES** of any current certifications or training certificates that relate to Fire/Emergency services with this application. Since they will become part of your member record, we request copies as we cannot return them.
- Membership fee for the company is \$5.00 per year, and must be submitted with this application. If for any reason you are not approved as a member your \$5.00 will be refunded to you.
- Criminal Background investigation is to be self-supplied. Please visit: <https://epatch.state.pa.us/Home.jsp> and use the "Volunteer" option
- Please also submit a completed Child Abuse Clearance form with your application. Please visit: <https://www.compass.state.pa.us/CWIS>
- You need to submit the original and completed background check results and child services clearances with your application or it cannot be presented.

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A. Personal Information

Last Name: _____ First Name: _____ MI: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

B. Previous Fire Company Affiliation

Have you ever been affiliated with another company? YES NO

If yes, please fill out the below information, if no, skip to the next section.

First Station Information:

Station Name and Number: _____

City: _____ State: _____ Phone Number: _____

Chief of the Fire Company: _____ Time With Company: _____

Please list positions held at the company:

Reason for leaving: _____

Second Station Information:

Station Name and Number: _____

City: _____ State: _____ Phone Number: _____

Chief of the Fire Company: _____ Time With Company: _____

Please list positions held at the company:

Reason for leaving: _____

A. Type of membership applying for:

ACTIVE FIREFIGHTER: _____

ACTIVE ADMINISTRATIVE: _____

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B. Additional Personal Information

Please answer the following questions, if you answer YES to any please include details on the line under the questions.

- If you are seeking active firefighter status, do you have any restrictions that would prevent you from performing duties in line with the firefighter position? YES NO
- Do you take any prescription medication? YES NO – If yes, please list:

You are required to list two emergency contacts, please submit them below:

First Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____

Second Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____

Po-Mar-Lin Further Right to Investigation

Having made application for membership with the Po-Mar-Lin Fire Department and desiring that they be informed of my previous records and character, I hereby authorize any further investigation into all records which may be of interest to them. This authorization includes, but is not limited to medical, hospital, school, credit records, driver's license check, Megan's Law and criminal background check whether privileged or not. This authorization to furnish information is executed in consideration of the Po-Mar-Lin Fire Department giving my application consideration and shall serve as a release of all liability to all parties furnishing such information to the Po-Mar-Lin Fire Department. The applicant understands and agrees that acceptance is dependent upon successful completion of a criminal background check and any misrepresentation or omission of facts called for is cause for dismissal and expulsion from the company.

Print Name: _____

Signature: _____

Date: _____