

Biglerville Hose & Truck Company No. 1
111 South Main St, Biglerville, PA 17307
717-677-7532

MEMBERSHIP APPLICATION INSTRUCTIONS

You must complete the attached application and Request for Criminal Record Check completely. Additionally you must also include the following:

1. \$15.00 application fee (checks made payable to Biglerville Fire Department)
2. A copy of your driver's license (if applicable)
3. A copy of your driving record (if applicable) fromPADOT(you can obtain this on the web at [http://www.dmv.state.pa.us/online services/index.shtml](http://www.dmv.state.pa.us/online_services/index.shtml) or at PADOT headquarters in Harrisburg.
4. Copies of any pertinent training certificates.

All information listed above must be received with your completed application to be accepted. If you need more space than is provided on the application please include it on a separate sheet of paper and be sure your name appears on the top of that paper. Your completed application packet should be handed into the department secretary or emailed to (INSERT EMAIL HERE)

Thank you for your interest in becoming a member of the Biglerville Fire Department!

Application for Membership

Name: _____ Date of Birth: ____/____/____
Street Address: _____
City/State/Zip Code: _____
Social Security # _____ - _____ - _____
Email: _____
Phone Number: _____ - _____ - _____

Employment Information

Occupation: _____ Employer: _____
Address: _____ Phone: _____

Drivers License (If Applicable)

License Number _____ License State _____

References

Please provide two references that we can contact.

Reference 1. _____ Phone: _____
Reference 2. _____ Phone: _____

Health Information

Family Physician: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Relationship: _____
Beneficiary: _____ SS#: _____

Biglerville Fire Department complies with federal and state disability laws and makes reasonable accommodations for applicants and volunteers with disabilities. If reasonable accommodation is needed to participate volunteering please list disabilities below.

Check All Areas of Interest:

Firefighting

Fundraising

Fire Police

Briefly state your goals and why you wish to be a member of this company:

Are you or have you ever been of member of a fire department? List departments below:

List any trainings pertinent to your membership below and attach certifications:

List any state and/or local police records including traffic violations:

I understand that I will be accepted as a probationary member for one year pending favorable review of my application packet by the board of officers. At the end of one year my membership status will be evaluated by the board of officers and presented at the next regular meeting of the department for vote by the general membership in attendance. I understand that to be accepted as a regular member I must help with a minimum of 12 fundraisers (one each month) and I must participate in training, attend business meetings and/or respond to calls.

All information I have provided in this application is correct and true to the best of my knowledge, and I understand if found otherwise may be reason for rejection or dismissal.

Signature of Applicant

Date

Do NOT write below this line

For Fire Department Use Only

Date Application Received: _____
Date Probationary Period Begins: _____
Date Probationary Period Ends: _____
Date of Vote by General Membership: _____
Membership Classification: _____

