



Haz Mat 2, Environmental Fire Rescue Company

101 Champ Blvd., Manheim, PA 17545, (717) 537-4197

fax (717)537-4199

SECTION 1

APPLICATION FOR MEMBERSHIP

Volunteer (Section 1 only) Administration (Sections 1 & 2) Operational (Sections 1 - 3)

DATE: _____

Name: _____ (_____)
Last First Middle Maiden name

Address: _____ City: _____ State: _____

Zip Code: _____ Number of years at this address _____ List Previous addresses if less than 3 years.

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Are you 18 years or older? _____ Are you a United States citizen? _____ Are you a naturalized Citizen? _____

Emergency Contact

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work _____

Driver's License Information

State: _____ Number: _____ (Please Provide Copy of license, If you will be driving while volunteering for Haz Mat 2 Environmental Fire Rescue Company, Inc., you will also need to supply a copy of owner's registration & proof of Insurance)

SECTION 2

Employment

Are you currently employed? Yes [] or No []

If you are currently employed, may we contact your current employer? Yes [] or No []

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City: _____ State: _____ Zip: _____

Length of Employment (Include Dates): _____ Position: _____

Please indicate hours of employment: _____ (i.e. 8:00 am – 5:00 pm)

Do you work weekends? [] Yes [] No [] Sometimes: _____

Education

| School | Address | Course | Years | Diploma/Degree |
|---------------|----------------|---------------|--------------|-----------------------|
|---------------|----------------|---------------|--------------|-----------------------|

1. High School

2. Trade/Techn.

3. College

4. College

Specialized Training

List any special training in firefighting, chemistry, Hazardous Materials, safety, medical, communications, computer, driving, police, etc.:

***If applying for Operational Membership copies of the above certificates for Specialized Training will be needed at the Orientation Meeting.**

Memberships

List any other clubs or civic groups you belong to past or present:

| Group Name | Contact Person | Phone Number | # of yrs. | Past/Current |
|------------|----------------|--------------|-----------|---|
| 1. _____ | _____ | _____ | _____ | <input type="checkbox"/> P <input type="checkbox"/> C |
| 2. _____ | _____ | _____ | _____ | <input type="checkbox"/> P <input type="checkbox"/> C |
| 3. _____ | _____ | _____ | _____ | <input type="checkbox"/> P <input type="checkbox"/> C |

References

List the names and information of five (5) persons, two of which you have known for at least three (3) years, one five (5) years and one ten (10) years . Please do not list any minors, relatives or clergy. Please do not list any current members of our organization as references.

1. Name _____ Home Phone _____ Work Phone _____ Years Known _____

Address _____ City _____ State _____ Zip _____ email _____

2. Name _____ Home Phone _____ Work Phone _____ Years Known _____

Address _____ City _____ State _____ Zip _____ email _____

3. Name _____ Home Phone _____ Work Phone _____ Years Known _____

Address _____ City _____ State _____ Zip _____ email _____

4. Name _____ Home Phone _____ Work Phone _____ Years Known _____

Address _____ City _____ State _____ Zip _____ email _____

5. Name _____ Home Phone _____ Work Phone _____ Years Known _____

Address _____ City _____ State _____ Zip _____ email _____

*References may be asked for additional informational resources. References will be contacted by phone or email.

Do you know any of our current members? Yes No If yes, please list them here:

Interests

Please check categories that you have knowledge of by way of education, vocation, hobby or study.

- | | | |
|--|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Chemistry | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Auto or Truck Mechanics | <input type="checkbox"/> Chess | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Business | <input type="checkbox"/> Computers | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Model Building & Design | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Nuclear Science | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Painting | <input type="checkbox"/> Salesmanship |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Personal Fitness | <input type="checkbox"/> Traffic Safety |
| <input type="checkbox"/> Journalism | <input type="checkbox"/> Photography | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Law | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Metalwork | <input type="checkbox"/> Radios | |
| <input type="checkbox"/> Woodworking | | |

SECTION 3

Have you ever been refused membership in Fire/Rescue Company, Ambulance Assoc. or Search and Rescue Group? Yes No

Do you currently or have you ever belonged to a Fire/Rescue Company, Ambulance Assoc. or Search and Rescue Group? Yes No

If yes, Please List:

| | Company Name | Contact Person | Phone Number | Membership yrs. |
|----|---|----------------|-------------------------------|-----------------|
| 1. | _____ | _____ | _____ | _____ |
| | <input type="checkbox"/> Current <input type="checkbox"/> Past: Reason for leaving: _____ | | List Position last held _____ | |
| 2. | _____ | _____ | _____ | _____ |
| | <input type="checkbox"/> Current <input type="checkbox"/> Past: Reason for leaving: _____ | | List Position last held _____ | |
| 3. | _____ | _____ | _____ | _____ |
| | <input type="checkbox"/> Current <input type="checkbox"/> Past: Reason for leaving: _____ | | List Position last held _____ | |
| 4. | _____ | _____ | _____ | _____ |
| | <input type="checkbox"/> Current <input type="checkbox"/> Past: Reason for leaving: _____ | | List Position last held _____ | |

Personal Vehicle Information

Please list vehicles that you own and operate:

| Make | Model / Year | Color | Plate Number |
|------|--------------|-------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

(Please Provide Copy of license, proof of Insurance & owner's registration for each vehicle)

Have you ever been convicted of a traffic offense? YES [] NO []

If yes, give violation and date:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes [] or No []

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied membership/employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Release Form

By signing this page, I am giving permission to members of **Haz Mat 2 Environmental Fire Rescue Company, Inc.** or any of its agents to look into my background. I give permission for release of any medical records, criminal records, and driver's license records to **Haz Mat 2 Environmental Fire Rescue Company, Inc.** or its agents. I give permission to **Haz Mat 2 Environmental Fire Rescue Company, Inc.** or its agents to contact my employer, references, clubs and other fire and EMS companies that I formerly belonged to or currently belong to, for the purpose of determining suitability for membership.

Date of Birth:

Social Security number:

Print Name: _____

Signature: _____

Date: _____

EMI Independent Study Program Transcript Request Form

A transcript of your Independent Study course completions will be emailed to you (the student), and sent by postal mail to any Institutions you indicate below. Please type or write your information legibly. Please allow 10 business days for delivery via U.S. Mail.

**If you are requesting transcripts for a large number of students, please contact our office at 301-447-1200 or Independent.Study@fema.dhs.gov for additional completion verification options.*

| |
|---|
| Student Name (required): |
| Address (required): |
| City, State & Zip Code (required): |
| Phone Number: |
| Email Address (required): |
| Social Security Number OR FEMA Student ID (SID) (1 required): <small>Please see our website at https://training.fema.gov/is/privacystatement.aspx for information on why the ssn is required.</small> |
| *Student Signature (required): <i>*By signing this form you grant permission for the FEMA Independent Study program to release your information to the designated third party organizations or agencies indicated below.</i> |
| *Only you (the student) can authorize the release of your training record(s). |

Institutions to receive Official Transcripts(s):

*As the requestor, you automatically receive a student copy of your transcript via email. Official transcripts are printed, sealed and mailed via the US Postal Service. Please allow 10 business days for delivery.

| |
|------------------------------------|
| Institution Name (required): |
| Attention to (required): |
| Address (required): |
| City, State & Zip Code (required): |
| |
| Institution Name (required): |
| Attention to (required): |
| Address (required): |
| City, State & Zip Code (required): |

Submit your request to:

National Emergency Training Center
EMI Independent Study Program
16825 South Seton Avenue
Emmitsburg, MD 21727-8998

Independent.Study@FEMA.DHS.gov

Fax to: (301) 447-1201



Official Transcript Request Form

| Transcript Request Details | Registrar's Office Use ONLY |
|---|-----------------------------|
| How many official transcripts? _____ x \$6.00 per copy = Total Due \$ _____. | Amount Paid _____ |
| Include (choose): _____ Credit Courses _____ Non-Credit/Continuing Educ. Courses _____ Both | Date Printed _____ |
| Include a check or domestic money order made payable to HACC. | Date Sent/Picked-Up _____ |

Please read carefully:

- Per College policy any financial obligation to the College must be satisfied before a transcript will be released.
- Mail request to: HACC, Attn: Registrar's Office TL105, One HACC Drive, Hbg, PA 17110-2999 with accompanying check or money order. **Cash and credit card payments must be submitted to the campus Welcome Center.**
- Photo ID is required to pick up a transcript. *(All transcripts must be picked up at the Registrar's Office on the Harrisburg Campus, Ted Lick Administration Building, Room 105)*
- Official Transcripts issued to students are enclosed in a sealed envelope and should not be opened. Once opened the transcript may not be considered official.
- Official Transcripts **will not** be faxed.

Name: _____ Maiden or Prior Name(s): _____

HACC ID: H _____ **OR** Social Security # (last 4 digits): XXX - XX - _____

Current Mailing Address: _____

Date of Birth: _____ Phone Number: _____ Email: _____

*Student's Signature: _____ Date: _____

***Federal law requires transcript requests MUST be made in writing and be signed by the student, unless the transcript is being forwarded directly to another educational institution.**

PLEASE SEND TRANSCRIPT(S):

_____ To the address(es) listed below

_____ To the address listed above

_____ I will pick up the transcript

_____ I authorize _____
to pick up my transcript (Photo ID required)

PLEASE PROCESS MY REQUEST:

_____ As Soon As Possible

_____ Hold for _____ degree/certificate posted

_____ Hold for current semester grades *(please indicate a term)*
Fall _____ Spring _____ Summer _____

_____ Hold for College in the High School Grades

_____ Hold for grade change in _____ Course _____ Semester

Send _____ copy(s) to:

Person/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Send _____ copy(s) to:

Person/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

BUCKS COUNTY COMMUNITY COLLEGE

Office of Admissions, Records and Registration
275 Swamp Road, Newtown, Pa 18940

REQUEST FOR TRANSCRIPT

No transcript of a student's record will be furnished for any student or alumnus whose financial obligations to the college have not been satisfied. The fee is two dollars per copy. **Note: This form cannot be submitted electronically. Please fill it out, print it, and mail it, along with \$2.00, to the address below, or fax it to the Office of Admissions, Records, and Registration at 215-968-8110. Students faxing requests should also complete the [Credit Card Information form](#).**

Please **PRINT** Clearly and Firmly

Student Number _____ Social Security Number _____ Date of Birth _____

Student Name _____
Last First Middle Former

Current Address _____
Street or P.O. Box

_____ City State Zip

Currently Enrolled? _____ Yes _____ No Year Last Attended _____

Send _____ Copies to:

Institution/Organization _____

Address _____

_____ City State Zip

SPECIAL INSTRUCTIONS:

_____ A. Send NOW

_____ B. Hold until current grades are posted

_____ C. Hold until Degree is posted

_____ D. Hold until Certificate is posted

_____ E. Hold for change of Grade (Course _____)

_____ F. Hold for removal of Incomplete (Course _____)

_____ G. Hold for Repeat of Course (Course _____)

Transcripts are WITHHELD for any student who owes the College money.

Transcripts given to the students are stamped "Student Copy."

Transcripts are released only by a request SIGNED by the student.

Transcripts requests should be made at least 24 hours before transcripts are needed.

***Every attempt is made to properly mail requests. The College can assume no responsibility for final delivery.

By my signature, I authorize Bucks County Community College to release transcripts to the recipient listed above. .

***** Federal Law requires student signature to authorize the release.*****

Student Signature

Date

\$2.00 Fee per copy

Paid _____

White: Admissions

Yellow Bookkeeping

Pink: Student

source: yorkg/word/(m:)/03/00-tranreq