

Newton-Ransom Volunteer Fire Company

1890 Newton-Ransom Blvd.

Clarks Summit, PA 18411



Phone: 570-587-2526

Fax: 570-586-5784

Application for Membership

Instructions

Please read carefully prior to filling out application. It is important that all information be accurate and complete. The application should be typed or printed legibly in ink. If any portion of the application is incomplete, no action will be toward membership. If a question does not apply to you, answer N/A in the space provided. False information or omissions will result in disqualification.

Upon completion of the application, including the medical and criminal background portions with a \$10 fee for the criminal background check, mail the application to NRVFC Membership Committee, 1890 Newton-Ransom Blvd, Clarks Summit, PA 18411.

Area(s) of interest (please circle)

Firefighting EMS Fundraising Vehicle Operations Fire Police Auxiliary

Applicant Information

Name: _____, _____, _____
Last *First* *M.I.*

Date of Birth: ____/____/____ Current Age: ____ Male/Female (circle one)

S.S. #: ____-____-____ Driver License: _____
Number *State* *Expiration*

Address of current residence: _____
Street

City *State* *Zip Code*

Phone Number: _____ E-Mail: _____

How long have you lived at the above address?

List previous address: _____

Have you ever held membership to this department in the past? Yes/ No (circle one)

Have you ever applied for membership to this department in the past? Yes/ No (circle one)

Employment History

Please list your current and any previous employers.

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Leave Date: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes/ No (circle one)

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Leave Date: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes/ No (circle one)

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Leave Date: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes/ No (circle one)

Volunteer History

Please list any current or previous volunteer history.

Organization: _____ current/ past (circle one)

Organization: _____ current/ past (circle one)

Organization: _____ current/ past (circle one)

Related Courses

Please list any courses or certificates related to emergency services which you currently hold.

_____ Year completed: _____ Certificate available Y/ N
_____ Year completed: _____ Certificate available Y/ N
_____ Year completed: _____ Certificate available Y/ N
_____ Year completed: _____ Certificate available Y/ N

Education

High School: _____

Start year: _____ Finish year: _____ Graduated Yes/ No (circle one)

College: _____

Start year: _____ Finish year: _____ Graduated Yes/ No (circle one)

Graduated Studies: _____

Start year: _____ Finish year: _____ Graduated Yes/ No (circle one)

Other Studies or Skills: _____

Reason for seeking membership

Please explain your reason(s) for seeking membership to this company.

If you are interested in responding to emergency incidents, are you generally available...

Daytime (6am to 6pm) Evenings (6pm to 10pm) Overnight (10pm to 6am) N/A

Criminal History

Have you ever been arrested, charged or convicted of a crime? If yes, please explain.

Have you ever been arrested for DUI/ DWI? If yes, please explain. Include the state where the offense occurred along with the month and year.

Have you ever been charged with or convicted of possession, sale or distribution of an illegal substance? If yes, please explain.

Medical Clearance

You must have your physician (licensed in the Commonwealth of Pennsylvania) complete the Medical Clearance Form attached.

Junior Membership

If the applicant is under the age of 18 at the time of the application, they must begin membership as a Junior Member. Such membership is subject to the laws of the Commonwealth of Pennsylvania and guidelines of this department. When meeting with the membership committee, the applicant must have a parent present. A parent must sign the application and working papers must be provided with the application. The \$10 application fee is waived for Junior Membership applicants.

Training Requirements

Because of the nature of the incidents that active members of any fire department, or emergency medical service respond to, there are training requirements for those who wish to respond to such incidents. These requirements differ depending which area of service you are interested in, but exist in some form in each area of service. Application to this department acknowledges this requirement for training before placed on the active service list.

Criminal Investigation

As members in this department provide a community service for which the public depends on at the time of an emergency, all applicants are processed through the Pennsylvania State Police Crime files (except Junior applicants).

Applicant's Statement

By signing this application, I agree to allow the Newton-Ransom Volunteer Fire Company to investigate me for the purpose of determining my suitability to become a member. I authorize NRVFC to make such inquiries as it deems necessary and I agree to hold NRVFC, its servants, agents and assigns harmless from any action that may result. Furthermore, if accepted into membership, I agree to abide by the fire company by-laws and operating procedures. I understand that this application will be held in confidence and that all information collected during the course of the investigation will remain confidential.

I have completed this application to the best of my ability and certify that all information contained herein is correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that could be material to your investigation.

Applicants Signature: _____

Applicants Print: _____

Date: _____

If the applicant is a minor...

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Print: _____

Date: _____

Non-refundable Ten Dollar application fee must accompany this application.

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Release Authorization

To all Courts, Probation Departments, Selective Service Boards, Employers, Education and other institutions and Agencies without exception.

I am making application for membership to the Newton-Ransom Volunteer Fire Company Inc. As a result, an investigation is being conducted to determine my eligibility to this department.

Therefore, you are authorized to release to the Membership Committee or its representative any and all information, documentary or otherwise pertaining to me which are requested. I hereby release, discharge and exonerate NRVFC, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by NRVFC.

A Photostatic copy of this authorization will be considered as effective as the original.

Applicants Signature: _____

Applicants Print: _____

Witness Signature: _____

Witness Print: _____

Date: _____

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Medical Clearance Form

To be completed by your Physician...

Patient Name: _____

Patient Date of Birth: ____/____/____

The above person has applied for active membership in the Newton-Ransom Volunteer Fire Company. During the course of normal duties at an emergency scene the applicant may be called on to lift heavy objects or perform other duties that may cause physical and/or mental stress. It is the purpose of this form to bring forth any limitations or medical conditions, which may be present so that the fire company may address them during the application process.

Please circle one of the following...

No Limitations

Limitations as listed below

It is my medical opinion that the above applicant is clear for active service as a member of NRVFC subject to limitations listed above.

Physicians Signature: _____ Lic. # _____

Please Print Name: _____ Date: _____