

Minimum requirements for active membership consist of meeting one (1) of the following requirements: 6 of the regular monthly meetings, or 1% of all ambulance calls as a volunteer, or 5% of all fire calls, or 25% of all crew nights and activities or a balanced combination during your 6-month probationary period. New members should make every attempt to attend all six (6) regular meetings during their probationary period.

Collingdale Volunteer Fire Company Number One

APPLICATION FOR MEMBERSHIP

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

ANY AND ALL INFORMATION THAT YOU SUBMIT ON THIS APPLICATION IS SUBJECT TO REVIEW BY THE MEMBERSHIP COMMITTEE. ALL INFORMATION IS CONSIDERED TRUTHFUL AND ACCURATE ON YOUR PART. FAILURE TO SUPPLY TRUTHFUL AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DENIED, ALSO, IF ANY INFORMATION IS FOUND FALSE AT A LATER DATE, YOUR MEMBERSHIP IN THE COMPANY MAY BE TERMINATED AT THE DISCRETION OF THE FIRE COMPANY.

This applicant is applying for: (Active) (Contributing) (Trainee) (Cadet) Membership.		
Date of Application: ___/___/___ \$10.00 Background/Application Fee: Yes: No:		
Name:		
Address:		
City:	St.:	Zip:
Phone Home: ()	Phone Work. ()	
Date of birth:	Social Security Number	
E-Mail Address	Cell Phone. ()	
In case of emergency, Who Do You Wish To Be Notified?		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
EMPLOYMENT INFORMATION		

Current Employer and Address:

Your Immediate Supervisor:

Work Phone:

Your Position /Job Title:

How Many Yrs?

Past Employer and Address: (if less than 5 years with your current employer)

Immediate Supervisor:

Work Phone:

Yrs. Employed:

Reason for Leaving?

Do you presently have a valid driver's license? Yes: No: State: License Number:

Expiration Date: Current Class: _____. CDL? Yes: No: Restrictions? Yes: No:

If yes, please list restrictions:

Has your license ever been suspended or revoked? Yes: No:

If yes to the above, please explain the reasons for the suspension:

Please list three (3) references or individuals with whom you have been associated for the last three years.

Name:
Address:
City: State: Zip Code: Phone Number:

Name:
Address:
City: State: Zip Code: Phone Number:

Name:
Address:
City: State: Zip Code: Phone Number:

Have you ever applied for membership in Collingdale Fire Company No.1?
Yes: No: If yes, when and your reason for leaving:

Do you now or have you ever held a membership in any other fire company or rescue organization?
Yes: No: If yes, please list when and with whom. Please list all current/former companies/associations:

Do you have any friends or relatives that are now or have been members of Collingdale Fire Co. 1?
Yes: No: If yes please list them; not more than four:

Have you ever been arrested, convicted of a felony or misdemeanor or had a court ordered judgment against you? Yes: No: If you answer yes, please explain below:

Do you now, or in the past, have any known medical problems?

Yes:

No:

Are you currently under a doctor's care for any condition?

Yes:

No:

Do you presently take any medication for a medical or any other condition?

Yes:

No:

If you answered yes to any of the above, please explain.

If you have had any training in fire fighting or the emergency medical services, please list your training. If you are an EMT or a Medic, please list your certification number:

Fire Training:

Emergency Medical Training:

(Use the bottom of the back page if necessary)

I, the undersigned, being _____ years of age, do make application to this organization.

If accepted, I agree to comply with all of the rules, regulations, Constitution and By-Laws of the Collingdale Volunteer Fire Company No.1.

I have read the initial statement regarding the truthfulness of my answers on this application, and I also understand the fire company's policy of being placed in a (6) six-month probationary period. I further understand the company will conduct the standard background investigations and has my written permission in the form of my signature. I further agree to hold this company harmless and assume full responsibility for any pre-existing medical condition whether known to me or not.

Signature:

Date signed:

Signature of parent or guardian if the named applicant is at least 14 and less than 18 years of age

Signature: _____ Date: ____/____/_____

Relationship: _____

Signatures of fire company sponsors for the trainee/cadet membership:

Signature: _____ Date: ____ / ____ / _____

Signature: _____ Date: ____ / ____ / _____

Interviewed and/or Investigated by:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Committee Recommendations. Needs to be filled out should the applicant be not recommended.
Confidentiality rule applies.**

Respectfully submitted:
The Membership Committee.

(Use this space for additional training information)