



# Westfall Township Volunteer Fire Dept, Inc.

## ~ Membership Application Process ~

**P.O. Box 154 • MATAMORAS, PA 18336 • PHONE 570-491-4717 • FAX 570-491-2788**

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Dear Applicant,

We thank you for your interest in the Westfall Township Volunteer Fire Dept, Inc. This letter will inform you about the process in becoming a member. The Membership Application should be printed and filled out completely in order to start the application process.

All applicants for Membership must be 14 years of age as of the date of the application. Applicants under the age of 18 are required to have a parent(s) or guardian(s) signature in the Parental Consent section of the application as well as supply working papers.

All applicants must complete a Pennsylvania State Police Background Check and Child Abuse Clearance. Please refer to our website [www.westfallfire.com](http://www.westfallfire.com) for links to the appropriate state agencies.

Upon receipt of the completed application, your application for membership will be read at the next monthly business meeting. Business meetings are held the second Tuesday night of each month beginning at 7:00pm.

The membership committee will then:

- Contact your references
- Schedule an Interview with you
- Contact any previous departments of which you were a member
- Collect letter of recommendations from previous departments
- Collect your training documents
- Report their findings with a recommendation to the membership at the following business meeting.
- Notify you of their decision

Applicants are encouraged to attend Thursday night training sessions which begin at 7:00pm.

Further questions about the application process may be directed to the department secretary ([secretary@westfallfire.com](mailto:secretary@westfallfire.com)) or by calling the fire station at the number listed above.

Thank You,  
The Members of the Westfall Township Vol. Fire Dept, Inc.



# Westfall Township Volunteer Fire Dept, Inc.

## ~ Application for Membership ~

**FEES: FIRST YEARS DUES: \$10.00 BACKGROUND CHECK: \$10.00 TOTAL OF \$20.00**

### A: PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### B: EMPLOYMENT

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Position held: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
 Supervisors Name: \_\_\_\_\_ Are you able to leave work for emergency incidents? \_\_\_\_\_

### C: DRIVING RECORD

Drivers License No: \_\_\_\_\_ State: \_\_\_\_\_ Class of License: \_\_\_\_\_ Restrictions: \_\_\_\_\_  
 Have you had any moving violations within the last 3 years? (If yes, please explain): \_\_\_\_\_  
 Do you currently have points on your license? (If yes, how many): \_\_\_\_\_ Please provide a photo copy of your license  
 Vehicle Information Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic Plate: \_\_\_\_\_

### D: COURT RECORD - IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

Have you ever been convicted, imprisoned or placed on probation for violation of any law or police ordinance, including an offense that constitutes the crime of "arson and related offenses" under Pa. C.S. § 3301, or any similar offense under any Federal or State Law? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Please note that the Westfall Township Vol. Fire Dept, Inc. requires all applicants to provide a Pennsylvania State Police Criminal Check. (See Attached Form SP-4-164)

### E: AREAS OF INTEREST / EXPERIENCE

Indicate which areas that you are interested in serving:  Firefighter  EMT  Fire Police  Administrative

Do you have any particular job skills or areas of expertise that could benefit the Company? \_\_\_\_\_

Have you ever been a member of a Fire, Ambulance, or any other Emergency Services Organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Organization	From (Mo / Yr)	To (Mo / Yr)	Positions Held	Reason for Leaving

Please provide with your application, a written recommendation on company letterhead from an officer of any named department.

Have you received training in Firefighting, CPR, First Aid, EMT, SCUBA, Haz-Mat, Etc? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Training Course	State Certified Y/N	Date of Completion	Location

**F: MEDICAL HISTORY**

Do you have or are you aware of any Handicap or Illness which would affect your ability to serve in the capacity to which you are applying? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Condition: \_\_\_\_\_

If yes, it will be necessary for you to supply a letter from your doctor indicating that the condition will not impair your ability to serve in the position for which you are applying. Please complete the attached Annual Medical Statement Form. This information is very important for our records. Members taking part in active firefighting activities may sometimes be faced with situations that take a physical toll on the human body. By having this information on file, The Westfall Township Vol. Fire Dept, Inc. will better understand the physical capabilities of the members and will also be able to use this information in cases of emergencies.

**G: REFERENCES**

Please list three non-relative people, who are familiar with you and have known you for at least 5 years that we may contact.

Name: _____	Phone No: _____	Email Address: _____
Address: _____	City: _____	State: _____ Zip: _____ Yrs Known: _____
Name: _____	Phone No: _____	Email Address: _____
Address: _____	City: _____	State: _____ Zip: _____ Yrs Known: _____
Name: _____	Phone No: _____	Email Address: _____
Address: _____	City: _____	State: _____ Zip: _____ Yrs Known: _____

**H: PARENTAL CONSENT - TO BE COMPLETED BY APPLICANTS UNDER THE AGE OF 18**

Mothers / Guardian Name: \_\_\_\_\_ Fathers / Guardians Name: \_\_\_\_\_

As a Parent / Legal Guardian, I hereby give my permission for \_\_\_\_\_ to become a member of the Westfall Township Vol. Fire Dept, Inc. Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**I: AUTHORIZATION**

I hereby certify that I am the above named applicant, that all information stated on this application is true and correct to the best of my knowledge and hereby authorize the Westfall Township Vol. Fire Dept, Inc. to investigate this application for membership by contacting individuals and organizations, including law enforcement agencies, to obtain information from their confidential files. I understand that the discovery of any misrepresentation or omission may be a cause for denial of membership.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL FIRE DEPARTMENT USE ONLY**

Application Submitted: \_\_\_\_\_ 1st Reading: \_\_\_\_\_ 2nd Reading: \_\_\_\_\_

<u>Investigation</u>	<u>Files Received</u>	<u>Investigating Committee Signatures</u>
<input type="checkbox"/> Interview by Committee	<input type="checkbox"/> Copy of Drivers License	1. _____
<input type="checkbox"/> References Contacted	<input type="checkbox"/> Copy of Background Check	2. _____
<input type="checkbox"/> Collected Application Fee	<input type="checkbox"/> Recommendation Letter / Previous FD	3. _____
<input type="checkbox"/> Certificates / Training Rec	<input type="checkbox"/> Working Papers / Report Card	4. _____

We the Investigating Committee, recommend the applicant for membership. Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

Results of Membership Vote: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Abstain: \_\_\_\_\_ Probationary Period Ends: \_\_\_\_\_

Notes: \_\_\_\_\_

