

NAME: _____ DATE SUBMITTED: _____

Type of Membership : Junior _____ Active _____ Social _____

APPLICATION FOR MEMBERSHIP TO
THE AVONDALE FIRE COMPANY

REQUIREMENTS:

- 1.) Applicant must be at least 17 years and 10 months of age (EXCEPT when applying for junior membership, Junior members must be 15 years and 10 months of age.)
- 2.) A check or cash in the amount of \$5.00 is required at the time the application is received (EXCEPT juniors, no fee for juniors). **The application fee is non refundable.**
- 3.) Address and telephone number are the responsibility of the applicant to update if any changes are made once the application is submitted.
- 4.) The review board will notify applicants to schedule an interview after reviewing application.
- 5.) A Pennsylvania Criminal History Request form is included with this application. This completed report must be submitted with a completed membership application.
- 6.) A member of the review board will attempt three times to set up an appointment with you. If no appointment can be arranged or applicant does not keep it, then the Review Board will not recommend the applicant for membership. If voting members at the meeting rejects the applicant, then the application may not be submitted for a period of one year.
- 7.) * = **Section to be filled in by membership review board only.**

When is a good time to contact you? _____

*Contact attempted: Date _____ Time _____ By _____

 Date _____ Time _____ By _____

 Date _____ Time _____ By _____

*Appointment made for : Date _____ Time _____ By _____

* Brought up _____ 1st Vote _____ APP / DEC

 6th Month Vote _____ APP / DEC

INSTRUCTIONS:

Application must be typed, or clearly printed in ink. All questions must be answered, (if not applicable, indicate such by marking “ N/A “). To furnish additional information or resume use paper the same size as this application, number answers to correspond with questions.

PLEASE NOTE:

Applicants must understand that all appointments are probationary for a period of six (6) months, during which they must demonstrate their fitness and interest for membership as required by the company by-laws. They must also understand that any probationary membership is contingent upon the results of a complete investigation, and they must be aware that withholding information or making false statements on this application will be basis for the dismissal from the Avondale Fire Company. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge.

PART 1: PERSONAL INFO

A.) LAST: _____ FIRST: _____ MIDDLE: _____

B.) List Any Other Names Used (maiden, nickname, etc.)

C.) DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY # : _____

D.) BENEFICIARY INFORMATION

LAST: _____ FIRST: _____ MIDDLE: _____

E.) BENEFICIARY RELATIONSHIP: _____

F.) Are you a U.S. citizen or resident alien authorized to work in the United States? YES or No

PART 2 : RESIDENCE

A.) HOME ADDRESS (include Apt#, Street, City, State, Zip)

B.) How Long at current residence? _____

Phone Number : daytime _____ evening _____

C.) If less then 1 year, please provide previous address.

PART 3: EMPLOYMENT

A.) Present Employer Name & Address:

Supervisor: _____ Nature of Business: _____
Position: _____ How Long: _____

B.) If less then one year, list name and address of last employer

Supervisor: _____ Nature of Business: _____
Position: _____ How Long: _____

PART 4: MOTOR VEHICLE INFORMATION

A.) Are you licensed automobile operator? YES or NO (circle one)

B.) If yes, please list license number _____ State: _____
CDL: YES or NO (circle one) Restrictions: _____

PART 5: MEDICAL HISTORY

A.) Do you know of any present conditions that may reduce your performance while under, physical stress, or emotional strain? (any of which you could encounter on or responding to an incident scene). YES or NO (circle one)

B.) If YES, please explain:

PART 6: COURT RECORD

A.) Have you even been convicted of any criminal offense? YES or NO (circle one)
Have you had any traffic violations within the last 5 years? YES or NO (circle one)

B.) Explain any YES answers below. (be sure to include date, place/charge, final disposition)

PART 7: INTERESTS

A.) Indicate any areas you may be interested in by circling your choice, or choices below.

FIREFIGHTING

FIRE POLICE

WATER RESCUE

AMBULANCE SERVICE

OFFICE DUTIES

FUND RAISING

B.) Are you currently, or have you ever been a member with any other fire department?
If so please list below (Include Name, Address, Positions)

Company Name

Address

Position

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C.) Have you ever had and fire dept. related training, or first aid training? If so please list below, including course name, place taken, and date. (we will need copies of all certificates):

Course

Location Taken

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D.) List any special abilities; interests or skills, which you feel would be beneficial to the company:

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-				
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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA.” THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

***** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)
 ELDER CARE
 CHILD CARE
 SCHOOL DISTRICT
 ADOPTION/FOSTER CARE
 OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

REQUESTER CHECKLIST DID YOU ENTER THE FULL NAME, DOB, AND SOC? DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)? *** DO NOT SEND CASH OR PERSONAL CHECK *** DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?	AFTER COMPLETION MAIL TO PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

INFORMATION DISSEMINATED <input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED	INQUIRY DISSEMINATED BY _____	SID NUMBER _____
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER. <input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME	CERTIFIED BY _____ (DIRECTOR, CENTRAL REPOSITORY)	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.