



Rescue Fire Company

Membership Application



Please complete all the information on this application. A \$10.00 fee must be attached to this application at the time of submission.

Applicants must be no less than 14 years of age. In accordance with PA Child Labor Laws, all applicants 14-18 years of age must provide working papers issued through the school district. Thank you for your interest in volunteering with our company.

Type of Membership Applying for (circle one): **Active** **Participating** **Social**

Name _____	DOB _____
Street _____	
City, State, Zip _____	
Phone () _____	Email _____
Driver's License No.(attach copy) _____	Class _____

<p>Have you ever been convicted of a felony or misdemeanor? _____</p> <p>If yes, please explain _____</p> <p>_____</p>
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<p>Current Employer _____</p> <p>Employer Address _____</p> <p>Telephone _____ Supervisor _____</p>

<p>Fire Service/EMS or other related Training – (Please attach any certifications with this application).</p> <p>_____</p> <p>_____</p> <p>_____</p>



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Fire/ Emergency Services Experience (Include all. Use separate sheet of paper if needed)

Department Name _____ Chief/Supervisor _____

Address _____

Phone _____ Start Date _____ End Date _____

Reason for leaving _____

Department Name _____ Chief/Supervisor _____

Address _____

Phone _____ Start Date _____ End Date _____

Reason for leaving _____

Department Name _____ Chief/Supervisor _____

Address _____

Phone _____ Start Date _____ End Date _____

Reason for leaving _____

Education- (list highest grade completed & location) _____

List two references not related to you

Name _____ Phone _____

Name _____ Phone _____



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The following are background checks that need to be completed and submitted along with your application. If you have any questions, please contact a member of the membership committee at (717) 545-0608.

PSP Criminal History

Please go to the website below.

<https://epatch.state.pa.us/Home.jsp>

Click “New Record Check”. Check the acknowledgement box, then click “Accept”. Fill out the information using the following information:

Rescue Fire Company 37

(717) 232-9502

Your Name

3701 N. Sixth St., Harrisburg Pa 17110

Your Phone Number

Click “Next”. Go to the next page and fill in your information. You will then be requested to submit. Once submitted, it will ask you to wait, before the record pops up. Print out the record and attach to the application packet.

PA Child Abuse Clearance

<https://www.compass.state.pa.us/cwis/public/home>

Click on “Create Individual Account” and follow the steps to create an account.

Go back to the link above and log in under “Individual Login”.

Follow the steps to fill out the application. Select “VOLUNTEER” at the top for reason requesting the application. Once received, attach to application (this clearance takes several days to receive).

Federal Background Check-Only required if you have lived outside Pennsylvania in the past 10 years.

<https://uenroll.identogo.com/>

Enter service code: **1KG6ZJ**

Fill out all information required.

This check requires fingerprinting. The site will provide you with locations that you can choose from to get this completed.

There is a fee of \$22.60. You must pay upfront, and if found favorable, the company will reimburse you.



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Please read and sign below:

As an applicant of the RESCUE FIRE COMPANY, I do hereby agree to abide by all organization By-Laws set forth. Furthermore, I understand that I must follow directions from instructors and all company officers. I also agree and permit the RESCUE FIRE COMPANY to make all the necessary inquiries and investigations relating to the validity of these statements which I have made on this application. I shall at all times endeavor to the best of my ability to serve, protect, and better the organization of the RESCUE FIRE COMPANY.

I also understand that misrepresentation of the facts may be cause for dismissal or rejection of this application.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Sponsoring Member _____

Date Approved by Company _____

The RESCUE FIRE COMPANY shall not discriminate against any applicant because of race, religion, national origin, or sex as in accordance with the Civil Rights Act of 1964.

Submit completed application packet in person or by using the following:

**Rescue Fire Company
3701 N. Sixth Street
Harrisburg, PA 17110**



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Authorization for Background Check

I, (Print Name) _____, do hereby authorize the membership committee of Rescue Fire Company of Susquehanna Township, Dauphin County to conduct a criminal and/or driving background check in me. I understand that the results, if deemed necessary by said committee, will be presented to the full membership into said fire company for the purpose of voting on my application, for membership into said fire company. I also understand that if I do not give my permission to have these checks done that it may hinder my acceptance into said fire company.

Applicant Name _____ SSN _____

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____



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Emergency Contact/Beneficiary Information

Date _____		
Name _____		DOB _____
Address _____		
City _____	State _____	Zip _____
Phone () _____	Social Security No. _____	

<u>Emergency Contact Information</u>
In case of emergency notify _____
Primary Phone () _____
Secondary Phone () _____
Relationship of Emergency Contact _____

<u>Beneficiary Information</u>
Primary Beneficiary _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Social Security No. _____
Secondary Beneficiary _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Social Security No. _____

Member Signature _____ Date _____

This information will be filed with the Rescue Fire Company and will not be disclosed without permission from the named member, or family. If this information should change, it is the responsibility of the member to update the above information.



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Driver's License Record

ATTACH DRIVERS LICENSE HERE

Release of Information:

This copy is for the record of Rescue Fire Company and Susquehanna Township. By signing below, you authorize a copy to be distributed to any applicable insurance companies as needed.

RESCUE FIRE COMPANY MEMBER: _____

SIGNATURE: _____

DATE: _____



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Applicant Name:

Application Received by _____	Date _____
Committee Notified Date _____	Applicant Contacted By _____
Interview Scheduled By _____	Interview Date _____
Interviewers (Minimum of 3) _____	
Interview Remarks _____	

Investigating Members _____
Date of Investigation _____
Remarks _____

Findings: () Favorable () Unfavorable
\$10.00 Fee Attached () Yes () No

Brought to Company Date _____	Approved For Membership () YES () NO
Candidate Notified By _____	Date _____
Packet Given and Reviewed By _____	Date _____
3 Month Follow-Up By _____	Date _____

Exit Interview By _____	Date _____
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