

Strinestown Community Fire Company



5690 Susquehanna Trail

Manchester, PA 17345

717 266-1131

www.strinestownfire.com

Membership Application

All applications must be submitted with membership fee and background checks.

- Membership fee - \$6.00.
- PA Child Abuse Clearance. (Free for Volunteers)
- PA Criminal History Clearance. (Free for Volunteers)
- FBI Criminal Record Clearance (lived outside PA in the last 10 years) Fee.
- Directions for background checks are supplied with this application.
- All documents are confidential and will be appropriately secured.

• Date of Application _____

• Name

Last	First	Middle
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Maiden Name or Alias _____

• Address

City _____ State _____ Zip _____

List previous address if current address is less than five years.

• Home Phone _____ Cell Phone _____

• E-mail address _____

• Driver's License # _____

• Date of Birth _____ Age _____ Sex _____

• U.S. citizen? ☐ YES ☐ NO Resident of PA? ☐ YES ☐ NO

• City, State & Country of birth _____

• Current Employer _____

Address _____

Position _____ Length of Employment _____

Employer Contact _____ Work phone _____

• Previous employer if currently employed less than five years.

Name, Address, Phone _____

• Are you currently on Workers Compensation or have a Workers Compensation claim pending? ☐ YES ☐ NO

• Do you consider yourself healthy enough to perform all the physical activities required of the volunteer position you are applying for? ☐ YES ☐ NO

If NO, explain _____

• Are you currently or have you been a member of a Fire Company, EMS or similar Volunteer Service? *If YES please list name, address and phone.*

☐ YES ☐ NO ☐ Current Member ☐ Past Member

Name	Address	Phone
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• Please list all relevant training completed. _____

• Please list any Military Service. _____

Three References Required: Non relatives. Nonmember of this Fire Company.

Reference #1: Name: _____ Phone: _____

Address _____ Email: _____

Reference #2: Name: _____ Phone: _____

Address _____ Email: _____

Reference #3: Name: _____ Phone: _____

Address _____ Email: _____

- The membership fee for the current calendar year is \$6.00. Dues are required to be paid before the end of the January regular Fire Company meeting each year. Dues paid after this time are subject to a \$5.00 late fee. Any Fire Company member's dues that are delinquent for a period of one calendar year shall be required to reapply for membership subject to all fees, costs and requirements in effect at that time. If active status is maintained at time of membership renewal the fee is \$1.00.
- All Emergency Responder and Proprietary Member applicants, when accepted into membership, shall serve a six month probationary period. During this time the member will not have any voting rights at meetings or be able to hold an office.
- Article XIV of the by-laws of the Strinestown Community Fire Company states the following: The Strinestown Community Fire Company prohibits discrimination against and harassment of any member or any applicant for membership because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.
- To comply with the Pennsylvania Child Protective Services Law, we must obtain background checks for all prospective volunteers with a significant likelihood of regular contact with our junior firefighters (individuals below age 18). Therefore, volunteers must provide a background check and child abuse clearance.

- Have you been convicted of a felony or misdemeanor during the past 10 years?
☐ YES ☐ NO (Do not include convictions that have been sealed or expunged by court order.) If yes, please describe the crime – state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case.
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- I, _____, do hereby apply for membership
Print Full Name

in the Strinestown Community Fire Co., Inc. I certify that all the information that I have given is true and correct to the best of my knowledge. I understand that any false or misleading statements or answers that I may have given or misstated or omitted facts will be grounds for dismissal from this organization. I authorize the Strinestown Community Fire Company, Inc. and its officers or agents to make a complete investigation of any federal, state or local criminal, police or motor vehicle records that may exist concerning me. I further authorize the Strinestown Community Fire Co., Inc. and its officers or agents to contact any individual and any current or previous employer(s) or organization(s) that may also have records concerning me.

- The Strinestown Community Fire Company appreciates your willingness to share your skills. The information gathered in this application is designed to help us make sound decisions in providing the highest quality emergency response services to our community.

- ***I understand that I can withdraw from the application process at any time.***

- ***My signature indicates that I have read and understood the above.***

- **Do not sign below until you have read the above statements.**

- **Applicant Signature:** _____

- **Print Name:** _____

- **Date:** _____

Process of Applications

Fire Company Use ONLY

The Membership Committee reviews and approves all applications for membership. The Membership Committee shall consist of the following: Financial Secretary, Secretary, Fire Chief, Chairperson of the Board of Trustees and the Chairperson of the Ways & Means Committee.

Recommendation for Probationary Membership

Date of applicant's probationary membership recommendation by Membership Committee: _____

- ☐ Candidate is recommended for probationary membership. (Background checks/reference checks are favorable.)
- ☐ Candidate is NOT recommended for probationary membership. (Background check failure and or falsification of application.)

Probationary Membership

Date of the Fire Company meeting that the applicant is denied or accepted into the 6- month probationary membership: _____

- ☐ Candidate is approved for 6-month probationary membership.
- ☐ Candidate is NOT approved for 6-month probationary membership.

Date that the applicant was notified of acceptance or denial of probationary membership: _____

Full Membership

Date of the Fire Company meeting that the probationary member is denied or accepted into ☐ Emergency Responder or ☐ Auxiliary membership: _____

Date that the applicant was notified of acceptance or denial of full membership: _____