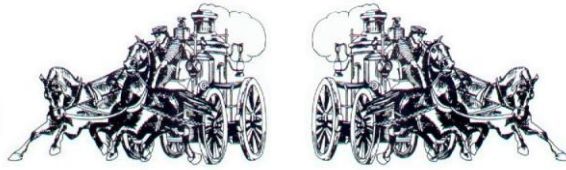


**PARKSIDE FIRE COMPANY
FIRE / RESCUE**



**107 W. ROLAND RD PARKSIDE PENNSYLVANIA 19015
TELEPHONE: 610-872-6136, FAX: 610-872-6159**

Visit us online at www.Parkside45.org

Application for Membership

Directions

Please completely fill out the following application, sign as required, return to the Membership Committee of Parkside Fire Company.

Probationary Status

All new members are subject to a six (6) month probationary period in which you are required to meet minimum obligations in order to remain a member. The minimum obligations include:

- Business Meeting Attendance – new members must three (3) out of six (6) company business meetings
- Fundraiser Participation – new members must attend and participate in at least one (1) fundraising event during the probationary period and at least 3 per year to stay active.
- General Participation – new members should endeavor to familiarize themselves with the Company and other members. Probationary members that are not visible will be removed from the program at the discretion of the Membership Committee.

Monthly Business meetings

Business Meetings are held on the 3rd Tuesday of every month, except December, where there are two meetings. In December, meetings are the first and third Tuesday of the month. If you can not attend a business meeting you may be able to submit a Letter of Excuse for the absence. Letters of Excuse are available through the Membership Committee. All requests for excusal must be submitted prior to the monthly business meeting and must be approved by the Membership Committee.

Minors

Applicants under the age of 18 years of age are required to have copies of their working papers at the time of their interview. **Parents/Legal Guardians are required to be present at the time of interview.** If minors do not already have working papers, they may bring an application for working papers to the firehouse for completion by the Chief Officer.

Section 1

Type of Membership (check appropriate box):

Apprentice (Junior) :
Active :
Active Fire :
Contributing :

General Information

Name : _____

Date of Birth : _____

Address : _____

Contact Information

Home phone: _____

Cell phone: _____

Email : _____

Drivers License Information

Number: _____ State: _____ Class: _____ Expiration: _____

Employment (Current)

Occupation: _____ Years Employes: _____

Address : _____

Work Phone : _____

Reason for Joining the Fire Company (Please briefly explain your reasons for joining the fire company)

Section 2

Education

Are you still in High School? _____ If yes, what grade? _____

Name of High School: _____

Address: _____

Highest Grade Completed: _____ Degrees/ Certificates: _____

Military Service

Have you served in the armed forces? _____ If yes, what branch? _____

Length of service? _____ Rank: _____

Type of Discharge? _____

Criminal Record

Have you ever been convicted of a crime? _____

If yes, please explain:

Have you received traffic violations in the past 3 years? _____

If yes, please explain:

Impairments

Do you have any physical or mental impairments that would limit your activities in the company Y/N?

If yes, please explain:

(If answered yes, a doctor's note may be required before activities are approved)

Section 3 (ACTIVE FIRE ONLY)

Are you willing and able to get a physical from your doctor clearing you to do strenuous firefighting?

Emergency Services Experience

Have you ever been a member of a Fire or Ambulance Company? _____

If yes, please list each; if more room is needed check here () and use the back of this page.

Name: _____
Address: _____
Phone Number: _____
Service Time
(from/to): _____
Reason for Leaving: _____

Name: _____
Address: _____
Phone Number: _____
Service Time
(from/to): _____
Reason for Leaving: _____

Please list all Emergency Services training you have completed (please attach copies of all certificates at the time of interview):

If applicable, please list certification numbers for the following:

FFI: _____ FFII: _____ EMT: _____

Do you hold a current CPR certification? If yes, please provide completion date: _____

Section 4

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

References (Please list at least 3 references)

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Signature of Verification – All Applicants:

I, the undersigned, hereby verify that all the information provided in this application is true and accurate to the best of my knowledge. I also understand that falsification of any information can be justification for termination of my application or membership at any time. I also grant permission to the Membership Committee to the Parkside Fire Company to perform a criminal background check.

Signed: _____

Date: _____

Apprentice Members Only:

I acknowledge that I must present the Membership Committee with a copy of my working papers in order to begin participation with the Fire or Ambulance Divisions. I am also aware that I will be required to abide by all Child Labor Laws of the Commonwealth of Pennsylvania. In addition, I agree to present a Chief Officer proof (in the form of semester grades) that I am maintaining the minimum grades as set forth by the Company.

Signed: _____

Date: _____

Legal Guardian/ Parental Consent

I acknowledge that as parent/ legal guardian of _____ I am granting permission for my child to become a member of Parkside Fire Company

Signed : _____

Date: _____ Relationship: _____



FOR COMPANY USE ONLY

Issue Date: _____ Return Date: _____ Interview Date: _____

Working Papers Attached? Yes No N/A

Is applicant recommended for vote? Yes No If no, please explain why?

Date of Election: _____ Vote Count Yes _____ No _____ Abstain _____

Have the six (6) month probation requirements been met? Yes/ No If no, please explain why.

Have the one (1) year probation requirements been met? Yes / No If no, please explain why.

List the dates report cards (apprentice members) were submitted to the Membership Committee:

If working papers were not attached with the application, list the date they were submitted: _____

If at a previous station, did we check their status? _____

Reason for leaving? _____