

**Application for Membership
Lisburn Community Fire Company**

Date: _____

Please Print or Type

Application Fee: \$2.00

Last: _____ First: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

D.O.B: _____ Male/Female: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

Social Security #: _____ (Required; failure to provide will result in rejection of application)

Drivers License #: _____ - _____ - _____ Class: _____ Expires: _____

Membership Type - Check all that may apply:

Fire Fighting and Rescue Apparatus Driver Auxiliary (Previously Social) Fire Police

Junior Fire Department Member (Under 18 years of age or still in High School; Work papers are required)

Other, please specify: _____

Notes: Auxiliary Member could include administration, assistance with fundraisers such as bingo, dinners, festival, etc.

All Membership Types must be members of Fire Company.

Have you ever been charged of any crimes? **YES** _____ **NO** _____

(If yes please list on a separate sheet of paper and attach in a sealed envelope.)

Have you ever been convicted of any crimes? **YES** _____ **NO** _____

(If yes please list on a separate sheet of paper and attach in a sealed envelope.)

Briefly explain why you would like to join our Fire Company.

1) Are you now, or have you ever been, a member of any other Fire Department?

Yes ___ No ___ If yes, (please list) _____

2) Has any disciplinary action been taken against you in any emergency service? Yes ___ No ___

(If yes please list on a separate sheet of paper and attach in a sealed envelope.)

3) Is it ok to contact the Departments listed above? Yes ___ No ___

4) Employer information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

5) List Three References that are not relatives:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

The following information will be kept confidential and is for the use in our PASS tag program.
 Firefighters only must complete the enclosed block area:

1st Emergency Contact: _____ Relation: _____
 Name: _____ Phone: (____) _____
 Address: _____

2nd Emergency Contact: _____ Relation: _____
 Name: _____ Phone: (____) _____
 Address: _____

Physician Name: _____ Phone: (____) _____
 Allergies: _____ Medications: _____
 Past Medical History: _____ Religion: _____
 Blood Type: _____ Organ Donor: _____ Blood Pressure: _____ Pulse: _____

6) Have you experienced any serious injury or illness in the past five years, which could affect your ability as a firefighter
 Yes ___ No ___ (Includes High Blood Pressure, Diabetic Problems, Breathing Problems ETC.)

7) Certificates: (please include a copy of each):

	Cert #	Date Taken	Date Expires
Fundamentals/Modules	_____	_____	_____
Haz Mat/Refresher	_____	_____	_____
Basic Vehicle Rescue	_____	_____	_____
First Responder	_____	_____	_____
EMT	_____	_____	_____
Fire Fighter I	_____	_____	_____
Fire Fighter II	_____	_____	_____
EVOC	_____	_____	_____
Pump Operations	_____	_____	_____
Truck Operations	_____	_____	_____
Hepatitis B Vaccine	_____	_____	_____

Please list any additional courses that are not listed above: _____

I herby submit my application for membership with the Lisburn Community Fire Company. I understand that the Company will perform a background investigation. I authorize the results of that investigation be presented to the members of the Company when my application is evaluated for Membership. I am including \$2.00 along with my application to be used upon acceptance as a member. I also understand that should my application be rejected the \$2.00 will not be returned to me. I further certify that all information provided is true and to the best of my knowledge and any mis-statement will be sufficient cause for removal from consideration for membership.

 Applicant's Signature
 If under 18, working papers MUST accompany this application.

 Sponsored/Submitted By

 Signature of Parent or Guardian

Our Workers' Compensation Insurance Carrier Keystone Municipal Insurance Trust requires a Hepatitis C Screening for new volunteers. You will be required to have this screening performed prior to being able to participate in any fire department activities. (Firefighters only)

Mailing Address: Lisburn Community Fire Company,
 Attn: Membership Committee
 1800 Main Street, Lisburn
 Mechanicsburg, PA 17055

Lisburn Community Fire Company is an equal opportunity employer and does not discriminate on the basis of sex, color, religion, creed, age, or handicap.

Official Use Only

Date Proposed _____
 Investigated By: _____
 Background Check: _____
 Driver Lic. Check: _____

Date Accepted _____
 Date of Termination or Rejection: _____
 Reason for Rejection: _____
 Date Probation: _____
 Date Life Member: _____