

# Ivyland Fire Company No. 1

62 Wilson Avenue, Ivyland, Pennsylvania 18974

## Application for Membership

Date: \_\_\_/\_\_\_/\_\_\_

**Before submitting this Application, the Applicant MUST:**

- Be at least 14 years of age
- PASS a thorough background investigation via State Police form SP4-164  
<https://epatch.state.pa.us/Home.jsp>
- PASS a child abuse background check via <https://www.compass.state.pa.us/cwis/public/home>

Documentation of the PASSING background investigation.

**Position applying for:**

\_\_\_ Firefighter      \_\_\_ Firefighter/EMS      \_\_\_ Fire Police      \_\_\_ Administrative

EMS Certification Number: \_\_\_\_\_

### Section I - Personal Information

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License: State: \_\_\_\_\_ No.: \_\_\_\_\_ Expires: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if other than above: \_\_\_\_\_

Phone #: Home (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email \_\_\_\_\_

### Section II - Emergency Contacts

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Phone #: Home (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Phone #: Home (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**Section III - Pre-Qualifiers**

Are you a citizen of the United States of America? Y N  
Are you physically capable of the duties needed for the position you are applying for? Y N  
Are you willing to attend the required basic training and re-certification courses? Y N

---

**Section IV - Employment History**

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position & Description: \_\_\_\_\_  
Who may we contact for a reference: \_\_\_\_\_

---

**Section V - Emergency Services History (All previous history must be listed)**

Have you ever been a member of the Ivyland Fire Company: Y N  
Have you ever been the subject of any disciplinary action while a member of  
any emergency services organization: Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been expelled from any emergency service organization: Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Current Emergency Services Organization

(ESO): \_\_\_\_\_

Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

ESO President or Chief Officer: \_\_\_\_\_

ESO Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ # of years served: \_\_\_\_\_

Are you still an active member of this emergency services organization? Yes or No

Additional Emergency Services Organizations (ESO) Served:

ESO Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

ESO President or Chief Officer: \_\_\_\_\_

ESO Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ # of years served: \_\_\_\_\_

Are you still an active member of this emergency services organization? Yes or No

**List all additional Emergency Services Organizations on the reverse of this page.**

**List All Relevant Emergency Services Training Programs you have completed and attach copies of Certifications:**

---

**Section V - Personal Data: Pertinent Medical Information**

---

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Personal Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: Abington, Doylestown, Holy Redeemer, other: \_\_\_\_\_

**Section VI - Commitment**

I certify and affirm that the information given herein is true, accurate and complete.

I authorize the investigation of all information provided in this application including contacting employers and organizations I have served with, as necessary for an informed membership decision.

I acknowledge and accept that, in the event of false or misleading information is revealed (once accepted into the Company) I can and likely will be removed.

I also understand, agree and affirm that I will abide by the Constitution, Bylaws and Standard Operating Procedures (SOP's) of the Ivyland Fire Company, a fully volunteer organization, of Bucks County, Pennsylvania, U.S.A.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of Applicant)

---

**Section VII - Parental Consent for Applicants under 18 years of age**

I, \_\_\_\_\_, the parent/legal guardian (of record) of \_\_\_\_\_, affirm that the applicant is in my care and responsibility; who is, on this date of application, under the age of 18; who has completed this application for membership truthfully, accurately, to the best of my knowledge; to the Ivyland Fire Company of Bucks County, Pennsylvania, U.S.A.

I do hereby grant permission to \_\_\_\_\_, to join Ivyland Fire Company, to serve as a volunteer in a capacity permitted by its Constitution, Bylaws and Standard Operating Procedures as well as State and Federal Law, this date.

I do hereby acknowledge that it is my responsibility as parent/legal guardian (of record), to keep the Officials of Ivyland Fire Company of the applicant's school attendance and grades, as required by law.

If the applicant's fails to attend the required number of days in school or grades drop below a 'C' average or is failing in any subject, the applicant will be suspended from Fire Company drills, meetings and activities until attendance is met and grades are at or above a 'C' average in all subjects.

Completed up to date working papers are attached.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of Parent or Guardian)

For Fire Company Use Only

Personal Interview: Y N      By: President, Chief, or Committee

Remarks: \_\_\_\_\_

Proposed for Membership:      Y      N      1<sup>st</sup> Reading Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accepted for Membership:      Y      N      2<sup>nd</sup> Reading Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Hire Date)

Conditions of Membership: \_\_\_\_\_

Motion: Yeas: \_\_\_\_\_ Nays: \_\_\_\_\_

Comments: \_\_\_\_\_