



DIAMOND FIRE COMPANY

209 Washington Street

P.O. Box 209

Walnutport, PA 18088

Voice: 610-767-9629

FAX: 610-760-9629

E-Mail: station29@enter.net

Website: www.walnutportfire.com

FIRE DEPARTMENT MEMBERSHIP APPLICATION

The Diamond Fire Company is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability or any other status protected by law or regulation.

It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors.

In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS

1. You must complete all sections of this application.
2. Please print or type the required information
3. Resumes are accepted only as a supplement to the membership application.
4. Use blank paper if you do not have enough room on this application.
5. Applications without a signature will not be accepted.

POSITION

Please mark the position(s) you are interested in providing volunteer service:

- Firefighter
- First Responder
- Fire Police Officer
- Junior Firefighter

PERSONAL INFORMATION

(Last Name) (First Name) (Middle Initial)

(Home Address) (Mailing Address If Different)

(City) (State) (Zip Code)

Date of Birth: _____ Social Security Number: _____

Home Phone #: _____ Other Phone #: _____

E-Mail Address: _____

Employer: _____ Employer Phone #: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name: _____ Relation: _____

Daytime Phone Number: _____ Evening Phone Number: _____

PUBLIC SAFETY ORGANIZATION INFORMATION

Why do you wish to become a member of this department? _____

How were you referred to this department? _____

Are you presently or have you ever been a member of any fire, rescue, EMS or emergency services agency?

- Yes No

If so, what agency(s)? _____

Are you a member of any other community service organization? Yes No

If so, what organization(s)? _____

MEDICAL HISTORY

Do you have any medical conditions or physical limitations that should be considered? Yes No

Are you currently receiving any special medical treatment or medications? Yes No

If you answered yes, explain: _____

QUALIFICATIONS, SKILLS AND TRAINING

List any fire, rescue, EMS and/or emergency management training, experience and certifications you currently hold. Include expiration dates and certifying state, department or agency. Please attach copies of your certifications to this application.

Do you have or foresee any problems with heights, using self-contained breathing apparatus (SCBA) or possibly being confined to small places for lengthy periods of time? Yes No

If you answered yes, explain: _____

Please list any additional education, skills, volunteer work, hobbies or other information you feel may be helpful in evaluating your application;

CRIMINAL HISTORY

Have you ever been convicted of any crime? Include misdemeanors, traffic offenses and/or felonies.

Yes No

Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service. Convictions will only be considered to the extent they are deemed related to the duties of membership.

If you answered yes, please explain: _____

DRIVING RECORD

Do you have a valid Pennsylvania driver’s license? Yes No

If not PA, what State of License: _____ Operator License #: _____

Class of License: _____ Expiration Date: _____

CERTIFICATION AND AGREEMENT

This statement must be signed. Please read each statement carefully before signing.

I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of any or all statements contained in this application. I understand that any misrepresentations or falsifications of information provided may lead to withdrawal of opportunity or termination following membership. I release from all liability of responsibility all persons and organizations supplying information.

The Diamond Fire Company and/or any representative thereof is hereby authorized to make investigation of my driving record and criminal history background to be completed by the local police department as a condition of application.

I consent to the release of any or all medical information as may be deemed necessary to judge by capacity to do the work for which I am applying.

I agree that if my application for membership is accepted and approved, I will be held personally responsible for any and all department issued equipment and supplies. Further, I agree to return all department issued equipment and supplies upon leaving or being terminated from the department.

I understand that if my application is approved, there will be a six (6) month probationary period, and if my performance is not as expected by the department within that period, I may be discharged by the line officers of the department without recourse.

I understand that I will be required to attend a minimum of one (1) training per month and a minimum of 10% of dispatched incidents per quarter as required by department standard operating guidelines. Also, fundraising activities and other department functions that I am available for.

If I fail to meet these obligations, I realize that my membership may be subject to disciplinary action, including suspension or termination.

I have read, understand and by my signature consent to these statements.

PLEASE NOTE:

If you are under 18 years of age and applying for consideration as a Junior Firefighter, parental consent in writing must be on file with the Department before your application will be accepted. We do not accept applications for Junior Firefighters from those under 14 years of age. Also, any unsatisfactory grades will result in an individual not being allowed to take part in Fire Department functions as we feel that your education must come first.

(Signature of Applicant)

(Date)

(Printed Name of Applicant)

Do Not Write Below This Line

APPROVAL / DISAPPROVAL

Membership: Firefighter _____ First Responder _____ Fire Police Officer _____ Junior Firefighter _____

Application accepted on; _____, 20_____ as a member in the Fire Department of the Diamond Fire Company.

Application rejected on; _____, 20_____.

Reason / Remarks: _____

FIRE CHIEF: _____

DEPUTY FIRE CHIEF: _____

ASST. FIRE CHIEF: _____

THIS APPLICATION FOR MEMBERSHIP WILL REMAIN ACTIVE FOR A PERIOD OF 30 DAYS
