



FIRE DEPARTMENT MEMBERSHIP APPLICATION

Diamond Fire Company
209 Washington Street / P.O. Box 209
Walnutport (Northampton County), PA 18088
 Fire Station: (610) 767-9626 Fax: (610) 760-9629

E-Mail: station29@enter.net Website: www.walnutportfire.com

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 Number	Cell Phone Number	
E-Mail Address		

EMERGENCY CONTACT INFORMATION

Name	Relationship
Day Phone Number	Evening Phone Number

MEDICAL HISTORY INFORMATION

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: _____

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: _____

EMPLOYER INFORMATION

Employer	Employer Phone Number

EDUCATION

Institution Type	Name and Location	Years Completed
College		
High School		
Other		

REFERENCES (List 3 references with at least one (1) being a non-relative)

Name	Address	Phone Number
1.		
2.		
3.		

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: _____

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) and name of Chief / Supervisor? _____

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

If so, what organization(s)? _____

QUALIFICATIONS, SKILLS, & 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;

CERTIFICATION AND AGREEMENT (Please read this 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 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, a minimum of 10% dispatched incidents per quarter as required by department standard operating guidelines and participate in any 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 understand that the Fire Department serves and deals directly with the public and therefore insure that I will conduct myself with the highest integrity.

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

PLEASE NOTE:

If you are between the ages of 14 and 17 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. 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.

Printed Name of Applicant	Signature of Applicant
Date Application Submitted	

OFFICIAL USE ONLY

APPROVAL / DISAPPROVAL

Membership: Firefighter First Responder Fire Police Officer Junior Firefighter

Criminal Background Check: Yes No Prior Service Verified: Yes No N/A

Date Proposed / Interviewed: _____ Date Hired / Probation: _____

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

Application rejected on: _____, 20_____

Comments: _____

FIRE CHIEF _____ DEPUTY CHIEF _____

ASST. CHIEF _____ CAPTAIN/LIEUT. _____

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