

LOGAN TOWNSHIP VOLUNTEER FIRE SERVICE

STANDARDIZED MEMBERSHIP APPLICATION

Please place a check beside the desired department

- Greenwood Kittanning Trail Lakemont
 Newburg Logan Township United

LOGAN TOWNSHIP VOLUNTEER FIRE SERVICE

Dear Applicant:

Thank you for your interest in the Volunteer Fire Service in Logan Township. Five volunteer fire departments proudly comprise the Logan Township Volunteer Fire Service. Those departments are: Greenwood Fire Department, Kittanning Trail Fire Company, Lakemont Fire Company, Logan Township United Fire Department and the Newburg Fire Company. The enclosed application will require you to select **one** of the five departments in which you desire to seek membership. It is suggested that, based on operational issues and safety concerns, you apply for a membership in a department, which will be of mutual benefit geographically, if possible.

First, please complete the application to the fullest extent possible and in a legible manner. The application may be completed in INK or TYPED.

Second, you must apply for Pennsylvania Criminal History and Child Welfare background checks and must utilize the forms enclosed in this packet. The costs associated with this background check are the applicant's responsibility. You are required to provide proof of payment for the background checks upon submission of the application to the respective department, which will be attached to your application.

Third, upon your receipt of a favorable background check, you must provide the original forms with the appropriate seals, together with the completed application, to the respective parties at the department in which you desire to become a member. The membership coordinators will copy the original background checks and attach them to your application. The original copies of the background checks are yours to keep.

A background check by the department in which you desire to become a member will be completed and is formatted by each department, but you can expect a reference check and a personal interview with the membership committee or their delegates at each department. This procedure is individualized at each department to some degree. The other four department chiefs will review the application and/or membership chairman to insure no previous negative performance history exists with another department within Logan Township. Each department will sign off on the review, which will be done as expeditiously as possible.

Upon the completion of a favorable review and interview, your membership application will be submitted to the appropriate individuals for membership in accordance with the individual department by-laws. If approved, you will be assigned a membership category by that department, again in accordance with the respective by-laws.

Please accept our sincere thanks in advance for your interest in our community volunteer fire service. We look forward to a productive and team-oriented relationship.

Logan Township Volunteer Fire Service
Standardized Application Form

Department Desired – Check One Greenwood Kittanning Trail Lakemont Newburg United

Application Completion Date _____

Applicant's Full Name LAST _____ FIRST _____ MI _____

Applicant's Current Address _____

CITY _____ STATE _____ ZIP CODE _____

Applicant's Telephone Numbers Daytime _____ Evening _____

I am at least 18 years of age Yes No

Have you ever been a member of any fire department in any jurisdiction Yes No

 If yes, please list where, when and whether membership is current _____

 If no, please list reason it is not current _____

Have you ever been convicted of a crime Yes No

 If yes, list the following

Type	Date	Disposition (outcome)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL EDUCATION

High School Attended _____ Did you graduate? _____ GED _____

College Attended _____ Did you graduate? _____ Major _____

Technical School Attended _____ Did you graduate? _____ Major _____

FIRE SERVICE/EMS EDUCATION OR CERTIFICATION: If you have taken fire service education programs, please list and attach copies of certificates to this application. List only courses for which you have certificates of completion. NO EXPERIENCE IS NECESSARY BUT IS HELPFUL!

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

EMPLOYMENT HISTORY (List current employer first, then previous employers)

Employer _____ Position Held _____

Employment Date FROM _____ TO _____

Does your current employer have any policies with regard to leaving work to fight fire? () Yes () No

If yes, please describe the policy in brief _____

Employer _____ Position Held _____

Employment Date FROM _____ TO _____

Employer _____ Position Held _____

Employment Date FROM _____ TO _____

REFERENCES Please list five references for verification which are not related to you.

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____

APPLICANT SIGNATURE: By signing this application, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the Logan Township Volunteer Fire Service to contact individuals, employers, educational and any other entities which become known through this verification process for the purpose of background verification. It is my clear understanding that this application may or may not result in membership in one or more of the Logan Township Volunteer Fire Company Departments and that the presence of criminal history or child welfare violations, and/or any false information included in the application, will preclude further processing of this application for membership and your application membership will be denied.

_____ Applicant's Printed Name	_____ Applicant's Signature	_____ Date
_____ Parent's Printed Name (If Applying for Junior)	_____ Parent's Signature	_____ Date

APPLICATION PROCESSING CHECKLIST – INTERNAL USE ONLY – DO NOT WRITE IN THIS SPACE

DATE OF RECEIPT OF APPLICATION _____

PERSON RECEIVING APPLICATION _____

PROOF OF PAYMENT ATTACHED AND VERIFIED () YES () NO

VERIFIED BY _____

() IF JUNIOR MEMBER (i.e. ages 16 to 18) – WORK PERMIT MUST BE ATTACHED BEFORE PROCESSING AND SIGNATURE OF PARENT

() ORIGINAL CRIMINAL HISTORY REPORT REVIEWED AND COPIES ATTACHED

() ORIGINAL CHILD WELFARE HISTORY REPORT REVIEWED AND COPIES ATTACHED

() REFERENCE CHECK COMPLETED DATE _____ BY _____

REFERENCE CHECK COMMENTS _____

INTERVIEW DATE _____ BY _____

INTERVIEW COMMENTS _____

() CANDIDATE IS NOT RECOMMENDED FOR MEMBERSHIP

EXPLANATION _____

() CANDIDATE IS RECOMMENDED FOR MEMBERSHIP

DATE _____ BY _____

MEMBERSHIP TYPE RECOMMENDATION

() PROBATIONARY () FULL ACTIVE () AUXILLARY () HONORARY

() JUNIOR () SOCIAL () BOOSTER

() OTHER _____