

Applicant Name: _____ Date: _____



BUSHKILL TWP. VOL. FIRE CO., INC. APPLICATION FOR MEMBERSHIP

Applicant Prerequisites:

- **For ERP or Junior ERP Status** - Must be at least 14 years of age, and be a resident of Bushkill Township **or** reside within three **air** miles of the township border.
- **For Social or Auxiliary** - Must be at least 18 years of age, and be a resident of Northampton County.
- Obtain student working papers if under the age of 18.
- Must maintain a valid Pennsylvania Driver's License, if applicable.
- Must successfully pass a PA State Volunteer Background Check
 - Obtainable at: <https://epatch.state.pa.us/Home.jsp>
- Must successfully pass a PA Child Abuse Background Check
 - Obtainable at: <https://www.compass.state.pa.us/CWIS/Public/Home>
- Must successfully pass a PA Driver's Background Check
 - Obtainable at: <https://apps.pa.egov.com/idr>
- Complete an interview with a member of the BTVFC Membership Committee

Instructions to Applicant:

- Fully complete Bushkill Twp. Vol. Fire Co. application
- Supply a photocopy of your valid state driver's license (if applicable) and completed background checks.
- Return completed application with \$5 Application Fee to:

Bushkill Township Volunteer Fire Company
Membership Committee Chairman
155 Firehouse Lane
Nazareth PA, 18064

Applicant Name: _____ Date: _____

Prospective Member,

Thank you for taking the time to pick up our application packet. Enclosed you will find a series of forms to fill out to set you on the path of joining our Fire Company, and we at the Bushkill Township Volunteer Fire Company sincerely appreciate your consideration. We understand in the climate of today's society that volunteering at your local Fire Company oftentimes is not at the forefront of many residents' minds. In fact it is people like yourself that started this great Company many years ago in 1959.

Within this packet you will find the following:

Application - This is used and remains with your personnel file to update our records. In addition this information is available for emergency contacts and workers compensation files. After this application is submitted to the Bushkill Twp. Vol. Fire Co. for processing it becomes the sole property of the Company.

Certification Agreement - This is used to give authorization to run a comprehensive character check. You provide an initial background investigation, but we also reserve the right to conduct periodic reviews. The form allows us to better serve our neighbors, businesses, and residents.

What happens next is to submit your application. If you have any questions feel free to stop by the firehouse anytime you see cars in the main parking lot. Additionally you can call us at (610)-759-2274, or contact us through our social media page at [facebook.com/Bushkilltwpfireco](https://www.facebook.com/Bushkilltwpfireco) Once your completed packet and associated documentation is received the review and voting process begins. In accordance with our Company Bylaws, at the first monthly meeting following the submission of your application it will be introduced to the General Body. Over the following month the Company's Membership Committee shall conduct its background investigation and conduct your interview. At the second monthly meeting following your submission your application will be brought up for its vote. Upon the successful passage of a 2/3 majority vote you will be accepted into the Fire Company. After your appointment you will be on a 90 day probationary period to allow yourself to settle into being a member of the Company. During this time we encourage you to attend all functions and/or training to get to know the Company and its members.

The Bushkill Township Volunteer Fire Company is an equal opportunity volunteer organization, and does not discriminate on the basis of race, color, age, gender, creed, national origin, or sexual orientation.

We look forward to you joining our Company!
The Officers and Membership of the Bushkill Twp. Vol. Fire Co.

Applicant Name: _____ Date: _____

BUSHKILL TWP. VOL. FIRE CO., INC.

APPLICATION FOR MEMBERSHIP

Please print clearly and legibly.

Date of Application: _____

Division of application:
(Circle One)

Emergency Response Personnel (ERP) Junior ERP Social Member Auxiliary

Personal Information

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: _____

Home Phone #: _____ Cellphone #: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant Name: _____ Date: _____

Employment Information

Present Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Phone #: _____

Will your present employer allow you to respond to daytime emergency calls **(if applicable)**?

Yes ___ No ___

Past Employer Name & Address	Job Title	Dates of Employment	Supervisor's Name & Phone Number	Reason for Leaving

Military

Were you ever in the military? Yes _____ No _____

Branch: _____ Grade: _____ MOS: _____

If discharged, what was the nature? _____

Applicant Name: _____ Date: _____

Education

Institution Name & location	Dates Attended	Field of Study	Graduation Date	Degree Awarded
High School				
College/Trade School				

Medical

Family Doctor: _____

Doctor's Address & Phone #: _____

Have you had a Hepatitis B vaccination within the last 10 years? **(Optional)**

Yes ___ No ___ Date: _____

Blood Type: _____

Have you ever refused employment for health reasons? Yes ___ No ___

Have you ever been disqualified for duty in the armed forces? Yes ___ No ___

The essential job functions of a volunteer or volunteer ERP of the Bushkill Twp. Vol. Fire Co. could include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed conditions, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.

Are you able to successfully complete these essential functions with or without reasonable accommodations?:

Yes ___ No ___

Please Initial: _____

If reasonable accommodations are required, please provide full details:

Applicant Name: _____ Date: _____

Prior Experience

Are you currently a member of another fire company, ambulance, or rescue squad:

Yes _____ No _____ if yes, please complete the following:

Company Name: _____

Address: _____

Position(s) Held: _____

Contact Name & Phone #: _____

Are you presently applying to or have you ever applied for membership with any other fire department, ambulance or rescue squad, either paid or volunteer? Yes _____ No _____

If you answered YES, please complete the following:

(If you were a member of the Bushkill Township Volunteer Fire Company in the past, please include that here.)

Name of Department & Location	Type of Membership/Any Position Held	Date of Admission	Years of Service	Supervisor or Contact Name & Phone Number

List below the fire, rescue, EMS, hazardous material certifications, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed. **Please do not submit originals.**

Name of class	Name of Training Facility	Date Class Completed

Applicant Name: _____ Date: _____

Sponsor Member & References

All applicants need a current member in good standing to sponsor their application.

Name: _____

Please list (3) references who have known you well over the last (3) years.
(Be sure to include complete contact information. Do NOT include relatives.)

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Years Known: _____

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Years Known: _____

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Years Known: _____

Affiliations

List below, any clubs, societies, or organizations of which you are currently a member.
(Completion of this list is voluntary.)

Name of Organization	Location	Years of Service

Applicant Name: _____ Date: _____

Parental/Familial Consent

If the Applicant is under the age of 18, a parent or legal guardian must complete the following:

I do hereby consent that my child _____ who is _____ years of age may join and participate fully in all functions and duties associated with the Bushkill Township Volunteer Fire Company, and I do hereby exonerate and discharge the Bushkill Township Volunteer Fire Company, agents, servants, and employees from any and all claims which I may have in the future by reason of injury or damage to my child for any reason whatsoever.

Name: _____ Date: _____

Signature: _____ Date: _____

Certification Agreement

I hereby affirm that this application contains no willful misrepresentation or falsifications, and that the information contained herein is true and complete to the best of my knowledge and belief. I am aware that an investigation at any time may disclose any misrepresentation or falsification, and my application will be disapproved and/or my membership shall be terminated with the Bushkill Township Volunteer Fire Company.

If voted into full membership, I understand that if I do not comply with the Constitution, Bylaws, and any other requirements of the company, my membership may be terminated. I will complete any and all necessary training requirements to be a fully functioning and competent member of the Bushkill Township Volunteer Fire Company.

I hereby acknowledge that I have carefully read this membership application, and understand the content thereof, and executing it voluntarily of my own free will.

Name of Applicant: _____ Date: _____

Signature: _____ Date: _____

Applicant Name: _____ Date: _____



**PRIOR TO SUBMITTING THIS APPLICATION PACKET
DID YOU REMEMBER TO:**

- **Fully complete** the Bushkill Twp. Vol. Fire Co. application.
- Provide **all** necessary documentation and Background Checks.
- **Sign and initial** the application where noted.
- Return **completed** application with \$5 Application Fee.

Your application will be processed in a timely manner. The Bushkill Township Volunteer Fire Company bylaws state that if the General Body finds this applicant is not suitable for membership the company shall simply note "rejected" and file accordingly.

After this application is submitted to the Bushkill Township Volunteer Fire Company for processing it becomes the sole property of the Company.

Applicant Name: _____ Date: _____

Application/Probationary Member Process Checklist
(For Internal Use)

Form or Action Taken - Date Complete

- Membership Application _____
- Application Fee Received _____ Form of Payment _____
- Certification Agreement and/or Parental Consent Form Signed _____
- Membership Committee Review of Application and First Reading _____
- Interview with Membership Committee _____
- Background Checks _____
- References Contacted _____
- Second Reading _____
- Vote-in _____ Rejected _____ Date _____
- Key Fob Issued _____

Representative of Membership Committee: _____ Date: _____

Signature: _____ Date: _____