



**LAFAYETTE FIRE COMPANY
OF
EAST LAMPETER TOWNSHIP**

Member # _____

APPLICATION FOR MEMBERSHIP

Firefighter _____ Fire Police _____ Jr. Firefighter _____ Associate _____ Duty Crew _____

(Place an "X" on the blank beside membership your interested in)

Personal information

Name _____ Date _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address: _____

Date of Birth _____ **Age _____ Sex _____

** If you are 16 years of age or under, can you furnish working papers?

Social Security Number _____

How did you learn about the Lafayette Fire Company?

Briefly explain why you would like to be a member of the Lafayette Fire Company.

Drivers License Information

Driver License # _____ State _____

Driver License Class _____ Expiration Date _____

Vehicle Description

Make _____ Model _____ Color _____ Year _____

License Plate Number _____ State _____

Employment

Company _____

Address _____ Phone _____

Position _____ Working Hours _____

Are you available to respond to emergency calls during work hours? _____

Company _____

Address _____ Phone _____

Position _____ Working Hours _____

Are you available to respond to emergency calls during work hours? _____

Experience

Have you ever been a member or currently are a member of another volunteer or paid fire department or ambulance organization?

Yes: _____ No: _____ If yes, please completed the following.

Organization: _____

City: _____ State: _____

Rank or positions held _____

Years of Service _____ Date Started _____

Are you still an Active Member? Yes: _____ No: _____

Chief Officer Name _____ Chief Officer Contact Number _____

If no, please explain your reason for leaving below.

Please list any fire service or emergency services training you have completed. Please attach copy(s) of certificates to application.

Education History

High School: _____ Graduation date: _____

College: _____ Years attended: _____

Degree: _____ Graduation date: _____

College: _____ Years attended: _____

Degree: _____ Graduation date: _____

Military Service

Have you ever served in the military? Yes _____ No _____

If YES, please complete the following:

Branch of Service: _____ Highest Rank: _____

Date of Service: _____ Date of Discharge: _____

Health Information

Is there any reason that your present or past health conditions would restrict activities as a member of the Lafayette Fire Company?

Yes _____ No: _____ If YES, please explain.

Emergency Contact Information

Name _____

Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ Relationship _____

Nearest Relative:

Name _____

Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ Relationship _____

Insurance Information

Beneficiary _____

Relationship _____

Background Investigation

Have you ever been convicted of a felony or misdemeanor or are any charges pending against you?

Yes: _____ No: _____

If yes, please give a detailed explanation below. Attach additional information if needed.

References: Provide below the names of at least two people not related to you and not affiliated with the Lafayette Fire Company whom you have known for at least one year.

1. Name _____

Address _____ City: _____ State: _____

Business _____ Years Acquainted _____

Phone Number _____

2. Name _____

Address _____ City: _____ State: _____

Business _____ Years Acquainted _____

Phone Number _____

Please read the statements below carefully and sign at the indicated area

- A. All applicants who are accepted as firefighters, fire police, and junior firefighters will be required to pass a physical exam and pre-employment drug screening, at the expense of the fire company, to assure the physical ability to perform physical firefighting duties. I agree to reimburse the Lafayette Fire Company of East Lampeter Township the cost of my physical examination if I do not complete my one-year probationary period.
- B. I authorize the references listed to give to you any and all information, personal or otherwise, and release all parties from liability for any damage that may result from furnishing information.
- C. In consideration of my application, I agree to conform to the rules and regulations of the Lafayette Fire Company of East Lampeter Township.”
- D. I agree to permit the Lafayette Fire Company of East Lampeter Township to investigate my background through Act 34 (PA State Police Criminal Background Check), Act 114 (Federal Criminal History Record), and/or Act 151 (PA Child Abuse History Clearance). The Lafayette Fire Company of East Lampeter Township will hold this information in strict confidence. I also agree to provide information regarding my driver license and permit motor vehicle record checks.
- E. I understand for my application to be considered I need to attach my first year’s dues of \$5.00 and a copy of drivers license or identification card.
- F. “I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disciplinary action.”

Signature _____ Date _____

Signature of Parent/guardian (if applicant is under 18 yrs of age) _____ Date _____

For Office Use Only

Date Application received _____ Received by _____

Date references checked _____ Checked by _____

Date background check complete (Attach copies) _____

Date Accepted or denied _____ Probationary Period ends _____

Physical Examination cost _____ Date of Physical Examination _____

IT IS OUR POLICY TO PROVIDE MEMBERSHIP OPPORTUNITIES TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, NATION ORIGIN, RELIGION, CREED, AGE, GENDER, OR DISABILITY.

CHILD PROTECTIVE SERVICE LAW
&
BACKGROUND CHECK REQUIREMENTS

Anyone who wants to volunteer that are 18 years and over who have resided in PA continuously for at least 10 years must obtain PA State Police criminal background check and a Child Abuse History Clearance from the Department of Human Services.

Anyone who has resided in PA less than 10 years must in addition to the two above mentioned clearances, must obtain an FBI criminal background check clearance, which includes fingerprinting. This does cost some money and can be done at any UPS stores.

PA Department of Health (This is the Child Abuse History Clearance)

- Log onto website <https://www.compass.state.pa.us/cwis/public/home>
- Create an individual account - user ID & password
- After submission it will take about 10-14 days for certification to be mailed to you.

PA State Police (This is the PA State Police Criminal Background Check)

- Log onto website <https://epatch.state.pa.us/Home.jsp>
- Select New Record Check (Volunteers)
- Enter profile information
- Criminal history will be available after completion of the application, log into the history and print a copy.

All documentation should be submitted along with this application for membership