

# Yardley-Makefield Fire Co. Application for Membership

On behalf of the Officers and Members of the Yardley-Makefield Fire Co., thank you for expressing an interest in joining our organization. The first step in becoming a member is to complete this application and return it either fire station. Any member will be able to forward it the proper person to get you started. If you have any questions, feel free to ask any member for assistance. They will be happy to assist you.

## *Part I: Personal Information*

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Address: \_\_\_\_\_ Applying for: Sr. Membership (18+ yrs old) \_\_\_\_\_  
 \_\_\_\_\_ Jr. Membership (16-17 yrs old) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Position Applying for: Firefighter: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fire Police: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Gen. Membership: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Years lived in area: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_

Previous Fire and Emergency Services Experience (please attach any training certificates that may apply):

<i>NAME OF ORGANIZATION</i>	<i>POSITION(S) HELD</i>	<i>DATES OF SERVICE</i>	<i>REASON FOR LEAVING</i>	<i>NAME &amp; PHONE # OF CONTACT PERSON</i>

Employment History (if at current job less than 1 year, please list job prior):

<i>NAME OF COMPANY</i>	<i>POSITION(S) HELD</i>	<i>DATES OF EMPLOYMENT</i>	<i>REASON FOR LEAVING</i>	<i>NAME &amp; PHONE # OF CONTACT PERSON</i>

**Part II: Emergency Data Information**

Name: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_ Do you have Asthma? Yes/No

\_\_\_\_\_ Current Medical Limitations: \_\_\_\_\_

\_\_\_\_\_

Is there any current or previous medical condition(s) that may prevent you from completing the duties of a firefighter /fire police. (if yes, please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wear corrective lenses? Yes/No

If yes, contacts, glasses, or both?

**Part III: Emergency Contact Information**

*In case of emergency, please contact the following people:*

First Choice

Second Choice

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

**Part IV: General Information and Next Step**

After you submit the application to the Fire Company, your name will be read to the general membership at the next regularly scheduled business meeting, which occurs on the second Wednesday of every month at 7:30 PM. This is known as the “first reading”. After your first reading, you need to meet with the Membership Committee. The Membership Committee meets on the fourth Wednesday of the month at 7:00PM at the Woodside Fire Station (Heacock & Stony Hill Rds.) Please visit these websites ([www.epatch.state.pa.us](http://www.epatch.state.pa.us)) Pennsylvania Criminal History check and Drivers license History ([www.dot3.state.pa.us](http://www.dot3.state.pa.us)) to obtain your background checks. Print this information and bring it with you to this meeting. After you meet with the Membership Committee, the Fire Company will vote on your application at the following monthly meeting (the only exception is the December meeting, when we do not vote on new members as we have departmental elections that night). This is known as the “second reading”. You must attend either the first or second reading, both if possible, in order for the Fire Company to vote on your application. This allows the company to know whose application is being considered. The business meetings during January, February, March, October, November & December are held at the Woodside Fire Station. The remaining months’ meetings are held at the Yardley Fire Station (S. Main St. & E. College Ave.). Once you have been accepted into membership, more information will be given to you that will cover all aspects of the Fire Company. Thank you for your interest in the Fire Company, and we look forward to meeting you!

Please sign below to indicate that all information you provided on the application is accurate at the time of completion. Your signature also allows us to complete a criminal background check. A \$5 yearly dues must be paid on or before the date of your second reading. The date of your second reading will be postponed until these fees are paid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-----Membership Committee Use Only-----**

Date of First Reading: _____	Date of end of Probation Vote: _____
Date of Committee Meeting: _____	Accepted / Rejected
Met with Committee Members: _____	
_____	
Date of background check: _____	
Performed by: _____	
Results of background check: _____	
_____	
Date of Second Reading: _____	
Accepted / Rejected	
Badge # Assigned: _____	