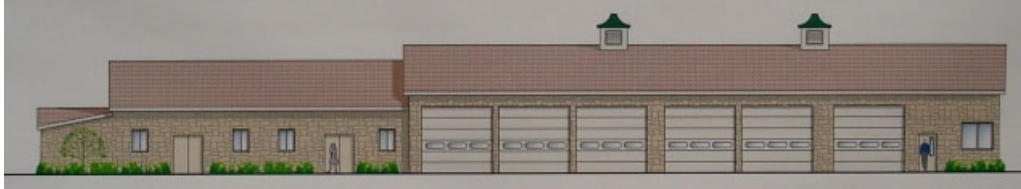


Organized
1963

Londonderry Fire Company No.1

2655 Foxianna Road / P.O. Box 324
Middletown, Pa 17057

A Volunteer
Company



717-944-2175

717-944-9222

APPLICATION FOR MEMBERSHIP

Name _____, _____, _____
(Last Name) (First Name) (MI)
Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____
Street Address _____
City, State and Zip _____
Home phone _____ Cell _____ Work _____
Email address: _____

Do you have a valid Drivers License? (yes) (no) If yes, please give:
Operators # _____ State _____ Expires _____ Class _____

Volunteer positions you are interested in:
Fire _____ EMS _____ Fire Police _____ Office _____ Fund Raising _____ Social _____

Have you ever been convicted of a crime, including traffic violations? (yes) (no)
If yes, please explain: _____

Do you have any medical reason(s) that could prevent you from participating in firefighting activities? (yes) (no) If yes, please explain: _____

Have you ever applied to this Fire Company before? (yes) (no) If yes, when? _____

Do you have any of the following: Fire Mods FF1 FF2 EMT CPR BVRT HMOR

Do you have any other past experience or training? (yes) (no) If so, please list: _____

Are you presently a member of another Fire Company? (yes) (no) If so, please list: _____

Personal References:

Name: _____
Address: _____
City/State: _____
Phone number: _____

Name: _____
Address: _____
City/State: _____
Phone number: _____

Employment Information:

Check one..... Employed _____ Unemployed _____ Student _____

Employer/School : _____

Address: _____

(street)

(city)

(state & zip)

Supervisor: _____ Phone: _____

Declaration:

I hereby attest that all information contained herein is true and correct to the best of my knowledge. I further acknowledge that the Londonderry Fire Company No 1 is granted the right to verify any and/or all information contained on this application regarding (but not limited to) medical, criminal, drivers record, employment or school (if applicable). I further acknowledge that any falsification of this application shall render it null and void.

X _____
(applicant's signature)

Date: _____

X _____
(parent or guardian if applicant is a minor)

Date: _____

Please remit membership application fee of \$10.00, PSP Criminal Background check and Child Abuse History Clearance. (Note: background check (<https://epatch.state.pa.us/Home.jsp>) and child abuse clearance (<https://www.compass.state.pa.us/CWIS/Public/Home>) must be less than 3 years old).

DO NOT WRITE BELOW THIS LINE

Date Application & clearances received: _____

Fee of \$10.00 received by: _____

Date of Interview: _____

Date of First Reading: _____ (yes) (no)

Date of Second Reading: _____ (yes) (no)

Notes: _____

Londonderry Fire Company No 1 is an equal opportunity employer