

Washington Hose and Steam Fire Engine Company No. 1
36 W. Elm Street
Conshohocken, PA 19428

APPLICATION FOR MEMBERSHIP

MEMBERSHIP TYPE: Check at least one

- _____ **Active Membership (includes Firefighter, Administration)**
- _____ **Contributing Member (not required to attend meetings)**
No firefighting, participates in other Activities
- _____ **Ladies Auxiliary**

APPLICANT NAME: _____
PRINT NAME

DATE of APPLICATION: _____

PROPOSED BY: _____ *PRINT NAME* _____ *SIGNATURE*

The next section is for the company to complete. Proceed to page 2.

DATE PROPOSED: _____

DATE INTERVIEWED: _____

SIGNATURES OF INVESTIGATING COMMITTEE:

APPROVED for MEMBERSHIP YES NO

DATE APPROVED/NOTAPPROVED: _____

SIGNATURE OF PRESIDENT: _____ **DATE** _____

In accordance with Federal Law this organization is prohibited from discriminating on the basis of race, color, nation origin, sex, age or disability.

Washington Hose & Steam Fire Engine Company No. 1
Volunteer Statement of Commitment

As a member of the Washington Hose & Steam Fire Engine Company No. 1, I hereby make a commitment to:

1. Attend membership meetings as scheduled
(At least 6 for voting privileges)
2. Attend Department and/or Company Training sessions as scheduled
(At least 6 per year)
3. Complete the required training as listed in the By-laws

As a member, I understand I am part of the staff of the Washington Hose & Steam Fire Engine Company No. 1 and therefore, I can be asked to resign from membership. Causes for dismissal include:

1. Failure to comply with the by-laws of this organization
2. Failure to comply with the polices and procedures of this organization
3. Failure to complete the required training as defined in the by-laws
4. Failure to help with the clean up after alarms
5. Failure to attend in-service training over a period of 12 months
6. Breach of confidentiality
7. Unethical behavior
8. Unwillingness to follow directions of the officers

As a volunteer, I am also required to provide evidence of the following:

1. Current Pennsylvania Drivers License
(If of age only)
2. Current copies of certifications
3. Working papers if applying for junior status
4. Any other requested document by the officers

It is the responsibility of the applicant to provide a criminal background check with this application. A background check can be run by the applicant via the PA State Police web site or any other web site that provides this service. A printed copy of the background check must be attached to this application when submitting for approval. No application will be accepted for review without this background check.

Signature of Applicant

Date

Signature of Witness

Date

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Name: _____

Nickname: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ e-mail: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Month Day Year

Education Level (Circle last year completed) Grade School: 6 7 8

High School: 9 10 11 12

College: Graduate 1 2 3 4 5 Other Education: _____

Please list any other Technical/Professional Degrees: _____

—
Please list any organization that you are or have been a member of in the past 5 years:

Name: _____

Address: _____

Date(s): _____ To _____

Positions Held: _____

Name: _____

Address: _____

Date(s): _____ To _____

Positions Held: _____

Name: _____

Address: _____

Date(s): _____ To _____

Positions Held: _____

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Please list any other professional or volunteer experience that may be helpful in your position as a member of this organization:

Special training, skills, interests:

Restrictions that might, or will effect your ability for volunteer work (family, work schedules, medical restrictions, etc.):

Where did you learn about this organization?

In case of an emergency, notify:

Name: _____ Relationship: _____

Physician: _____

After one year of membership you will become eligible for life insurance. Please specify your beneficiary and relationship below:

Name: _____ Relationship: _____

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Please provide five (5) references:

Name: _____
Address: _____
City/State/Zip: _____
Telephone: Home: _____ Work: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: Home: _____ Work: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: Home: _____ Work: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: Home: _____ Work: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: Home: _____ Work: _____

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By signing this application for membership, I hereby agree that the information provided is complete and accurate. I further understand that by providing this information I agree that the organization may verify the information received in the evaluation of my application.

I further agree that I have read and reviewed the Volunteer Statement of Commitment and understand that failure to comply with these requirements can result in my immediate dismissal from the organization.

Signature of application

Date

Signature of Organization President

Date

REVIEW COMMITTEE ONLY:

I (we) have interviewed this prospective member and did the appropriate background check and information verification. I (we) do hereby recommend that the company _____ accept _____ not accept this applicant as a regular member of the Washington Hose & Steam Fire Engine Company No. 1

Name

Date

Name

Date

Name

Date

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