Springetts - Station 16
3013 East Market Street
York, PA 17402
(717) 755-3171

Commonwealth - Station 17
2045 North Sherman Street
York, PA 17402
(717) 755-8378

Springettsbury Township Volunteer Fire Company
Application for Membership

Today's Date:_____ Date of Birth:_____

The following information is being submitted for evaluation for MEMBERSHIP into the Springettsbury Township Volunteer Fire Company (STVFC). Please print all required information:

Type of membership requested:

1. Emergency Service Member:
   - [ ] Active Firefighter
   - [ ] Active EMT
   - [ ] Active Fire Police
2. Supporting Member:
   - [ ] Active Supporting Member
   - [ ] Contributing Member

Name: _____
Present Address: _____
_____ How Long? _____
Telephone: _____

Previous Address: _____
_____ How Long? _____
Place of Birth: _____
Driver's License #: _____

Emergency Contact: _____ Relation? _____
Emergency Phone: _____

Highest level of Education: 9 10 11 12 Associates Bachelors Masters Doctorate
Name of High School: _____
Name of College: _____

Military Service: No Yes - Branch _____
Date of Discharge: _____

Present Employer: _____
Address: _____
_____
Phone: _____
Position: _____
Supervisor: _____
Years with Employer: _____

Previous Employer: _____
Address: _____
_____
Phone: _____
Position: _____
Supervisor: _____
Years with Employer: _____

Training:						
	Essentials of Firefighting	Yes	No	Basic Fire Police	Yes	No
	Basic Vehicle Rescue Operations	Yes	No	Advanced Fire Police	Yes	No
	Hazmat Awareness	Yes	No	CPR / AED	Yes	No
	Hazmat Operations	Yes	No	First Aid	Yes	No
	Structural Burn Session	Yes	No	First Responder	Yes	No
	Firefighter 1	Yes	No	EMT	Yes	No

Memberships in other fire companies (Name and City):

_____ Active Supporting

_____ Active Supporting

Were you ever suspended from membership in another fire company? Yes No
(If Yes, name of fire company: _____)

Were you ever convicted of any crime, including motor vehicle violations? Yes No
(If Yes, please explain: _____)

Please list three personal references that have known you for at least two years and are not relatives:

	NAME	ADDRESS	PHONE	YEARS KNOWN
1.				
2.				
3.				

A two dollar ($2.00) membership fee is payable upon acceptance into membership and each January thereafter.

I do hereby swear that the above information is true and correct to the best of my knowledge and I give my consent and authorize the Springettsbury Township Volunteer Fire Company (STVFC) and/or its duly authorized agent(s) to make a complete records check of the above listed information and to make a complete investigation of any federal, state, or local criminal records that may exist concerning me. I also give my consent to take a drug screen test. The cost of the test shall be paid by STVFC. I also shall sign the attached EZ-Facts Volunteer Inquiry Release. I understand that membership is a privilege subject to approval of your application upon completion of the background check and physical/drug tests.

_____ _____
Applicant's Signature Date

FIRE COMPANY USE ONLY

EZ Facts check	Drug Screen	Physical Exam
[ ] Required	[ ] Required	[ ] Required
[ ] Complete	[ ] Complete	[ ] Complete
[ ] Pass	[ ] Pass	[ ] Pass
[ ] Fail	[ ] Fail	[ ] Fail

_____ RECOMMENDED FOR MEMBERSHIP

_____ NOT RECOMMENDED FOR MEMBERSHIP

Comments: _____
_____

Reviewer: _____ Date: _____