

Limerick Fire Department

610-489-2222

www.LFD51.org

Limerick Station
390 W. Ridge Pike



Linfield Station
1077 Main Street

Application for Volunteer Membership

CONTACT INFORMATION

Full Name		
Street Address		
City, State, Zip		
Home Phone		Date of Birth:
Cell Phone		
Email Address		

CURRENT EMPLOYER

Business Name	
Street Address	
City, State, Zip	
Position	
Supervisors Name	
Phone	

INTERESTS

What areas are you interested in volunteering?

Fire Fighter

Junior Fire Fighter
(14-18 Yrs Old)

Fire Police

Contributing / Administrative

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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OTHER EMERGENCY SERVICE ORGANIZATIONS

Have you been or are you currently a member of any other organization, either paid or volunteer?

Company Name		Officer in Charge	
Position		Years	
Reason for Leaving			
Company Name		Officer in Charge	
Position		Years	
Reason for Leaving			

PREVIOUS VOLUNTEER EXPERIENCE AND/OR CERTIFICATIONS

Summarize any experience and certifications you have related to the Emergency Services.

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REFERENCES

Contact Name	
Phone #	
How Do you Know this person?	

Contact Name	
Phone #	
How Do you Know this person?	

Contact Name	
Phone #	
How Do you Know this person?	

EMERGENCY CONTACT INFORMATION

Who should we contact if an emergency occurs?

Contact Name			
Street Address			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone			

Contact Name			
Street Address			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone			

Are you currently, or have you ever been a member of another Emergency Services Organization?	YES	NO
Have you ever been refused membership to an Emergency Services Organization?	YES	NO
Have you ever been discharged from an Emergency Services Organization?	YES	NO
Have you ever been convicted of, or are you currently under investigation for a crime?	YES	NO

If yes to any of the above, please explain below:

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AGREEMENT AND SIGNATURE

* By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

* I authorize the Limerick Fire Department to investigate any and all information in this application, and hereby authorize the named references to disclose such information, personal or otherwise, as requested during the investigation. I agree to release all parties from liability as a result of the disclosure of the requested information.

* I understand that, if accepted, my membership is governed by the bylaws and the Standard Operating Guidelines of the Limerick Fire Department.

* I realize that I will be requested to undergo a physical examination at the Fire Department's expense, as a condition of continued status of active duty.

* I understand that annual dues are \$5.00 and are due in January each year, for continued membership.

* **I understand that a \$5.00, non-refundable, application fee is required upon submission of application.** Application fee includes current year dues and investigation processing costs.

* I understand that the following is required and must be submitted with this application.

Act 34 PA Criminal Record Certificate online at: <https://epatch.state.pa.us/Home.jsp>

Act 151 PA Child Abuse History Certificate online at: <https://www.compass.state.pa.us/cwis/public/home>

Applicants Full Name (Print)			
Signature		Date	

**Applications for members under the age of 18
MUST BE ACCOMPANIED WITH WORKING PAPERS AND PARENTAL CONSENT.**

Parent or Guardian's Name			
Signature		Date	

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

PROCESSING

Upon receipt of a completed application, application fee and PA State Criminal Background Check:

- * A review of the application is completed by the Membership Committee.
- * References, Employers and Emergency Services organizations may be contacted.
- * A criminal history lookup may be conducted.
- * An opportunity may be given to discuss any questionable information provided.
- * The application will be read at the first monthly company business meeting.
- * A one month waiting period is imposed to complete the application review and investigation.
- * The application will be read again at the next monthly meeting, following the one month waiting period. The Membership Committee shall make a recommendation based on its review and investigation, and a Company vote shall be made by the members to either accept or deny membership to the applicant. *Investigation results are not read to the general membership.*
- * A letter will be mailed to the address provided with the results of the Company vote for membership.
- * You are encouraged to visit and socialize with the Members on our Monday night training nights during the one month grace period; to allow the Members to get to know you prior to the Company Vote.

Training nights are Mondays at 7:00PM. Monthly business meetings are held the first Monday of the month.

ADMINISTRATIVE USE ONLY

Was application received complete? Fee Background Signature
 Working Papers Child Abuse Clearance

Applicant references reviewed by membership committee

Application read at company meeting Date:

After application review the membership committee:	
<input type="checkbox"/> Does	<input type="checkbox"/> Does Not
Recommend Membership.	Date <input type="text"/>

Date Application was voted on at company meeting: Approved Declined

Applicant information entered into Emergency Reporting

Applicant assigned a mentor Who:

Date Assigned Who: