



# Dingman Township Volunteer Fire Department Membership Application

Name:			Date:		
Address:		City:		State:	Zip:
Home Phone:		Cell Phone:		Other Phone:	
Email Address:		DOB: / /	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Blood Type:
Driver's License #:		State:	Class:	Height:	Weight:
<p><b>Type of Membership:</b>    <i>Firefighter:</i> <input type="checkbox"/>        <i>EMS:</i> <input type="checkbox"/>        <i>Rescue Diver:</i> <input type="checkbox"/></p> <p>                                  <i>Fire Police:</i> <input type="checkbox"/>        <i>Junior (15 -17):</i> <input type="checkbox"/>        <i>Associate:</i> <input type="checkbox"/></p>					
<b>Personal Information</b>					
Marital Status:    Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>					
Are you Claustrophobic? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you afraid of heights? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Physician:		Family Physician Address and Phone Number:			
<b>Emergency Contact Information</b>					
Contact Name:			Contact Address:		
Contact Phone Number:		Contact Cell Number:		Contact Relationship:	
<b>Employment Information</b>					
Present Employer:			Employer Address:		
Employer Phone Number:			Employer Contact Name:		
Have you ever been expelled or refused membership from any fire department, police department, ambulance corporation, or similar organization?    Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain: _____ _____					

Were you a member of any other fire department within the last 5 years? Yes  No

If yes, please list:

Name of Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Do you currently hold any Pennsylvania Fire or Emergency Medical Services Certifications: Yes  No

Type	Certification # if applicable	Expiration Date

**If elected to membership, the applicant shall serve a six (6) month probationary period. Within that six-month probationary period the applicant must obtain a valid CPR "American Heart" card. The membership application committee will review all applicants. Your application will hang for a thirty (30) day period. The applicant will be brought before the membership after a thirty day period to be voted in/or at the next regular schedule meeting.**

Have you ever been convicted of a felony, misdemeanor, or similar conviction? Yes  No

If yes, please explain: \_\_\_\_\_

Do you currently possess a valid driver's license: Yes  No

License State: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended/revoked? Yes  No

If yes, What state(s)? \_\_\_\_\_

Reason for the suspension(s): \_\_\_\_\_

**Acceptance of this application relies upon the information contained within it as well as a document from your physician declaring you physically capable of performing the duties you are applying for. Falsification will lead to immediate rejection or false information found at a later date will lead to an expulsion.**

I, \_\_\_\_\_, hereby authorize the Dingman Township Volunteer Fire Department to secure a Criminal Background Check, Driver's License Background Check including all records sealed. I authorize their release to the Dingman Township Volunteer Fire Department

#### **Disqualifications**

The following is a list of disqualifications for an application being submitted to the Dingman Township Volunteer Fire Department. The Membership Committee will review each application that is submitted on an individual basis.

**Criminal History:** Conviction of a felony, Conviction of any arson or arson related Crime.

**Traffic Violations:** Cannot have any negative points on driving record, Any conviction of driving under the influence of drugs or alcohol, refusal to take blood or breath tests, reckless driving, eluding police, or any suspension of driving privileges

**Drugs:** Illegal possession or sale of narcotics, controlled substances or illegal drugs.

**Falsifying Records:** If it is determined that any part of your application has been falsified.

