

HATFIELD VOLUNTEER FIRE COMPANY NO.1

Organized June 13, 1910 *** Chartered Under Penna. Laws May 13, 1912

Hatfield, Montgomery County, PA. 19440

Hatfield Volunteer Fire Company
Station 17

75 North Market Street
Hatfield, PA 19440
Phone: 215-855-2122
Voice Mail: 215-855-4719
Fax : 215-855-9602
www.hatfieldfire.com



Application for Membership

Thank you for your interest in becoming a member of the Hatfield Fire Company, an all volunteer fire company serving the residents and businesses of Hatfield Borough and Hatfield Township, Pennsylvania. We welcome all who are interested in volunteering their time and talents to this department.

Application Process:

- Submit Application
 - The membership application must be completed entirely by prospective applicant
 - The membership application should be returned to the Hatfield Fire Company #1 located at 75 N. Market Street. If no one is available please put your paperwork in the drop box located by the front left door of the building.
 - Upon receipt of the completed application, your application for membership will be announced at the first monthly business meeting. Business meetings are held at 8:00PM on the 2nd Monday of each month.
- After Application has been announced at a monthly business meeting
 - You will be contacted by the Screening Committee to set up an interview.
 - During the 2nd monthly business meeting you will be brought before the members for voting. A two thirds majority vote will accept applicant as a member.

Our ranks of membership include those interested in serving as firefighters or fire police officers, Auxiliary and those who may wish to give something back to their community by volunteering their expertise to the fire company. No experience is required. In the event you have any questions about the application for membership, the Fire Company, or learning more about how you can volunteer your time to our community, please call us at: 215-855-2122 or email us at info@hatfieldfire.com. We look forward to hearing from you.

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Emergency Contact Information:

Name: _____ Relationship: _____
Address: _____ Phone Number: (____) ____ - ____
City: _____ State: _____ Zip code: _____

Name: _____ Relationship: _____
Address: _____ Phone Number: (____) ____ - ____
City: _____ State: _____ Zip code: _____

Medical Information:

Family Doctor: _____ Phone Number: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip code: _____

Known Allergies: _____

Blood Type: _____

Within the last 10 years have you had a Hepatitis B Vaccination? Yes No

Date of Vaccination #1: ____ / ____ / ____ Vaccination #2: ____ / ____ / ____

Date of Vaccination #3: ____ / ____ / ____

Have you ever been refused employment for health reasons? Yes No

Have you ever been disqualified for duty in the armed forces? Yes No

The essential job functions of a volunteer firefighter in the Hatfield Volunteer Fire Company include the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.

Are you able to successfully complete these essential functions with or without reasonable accommodations? Yes No

If reasonable accommodation is required, please list:

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Past Experience:

Have you ever been or are currently a member with another emergency service organization? Yes No

Company Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Position(s) Held: _____

Years of previous Firefighting Experience: _____

List below any fire, rescue and hazardous materials classes and courses that you have completed. Attach certificates for all classes completed:

<u>Class Name</u>	<u>School or Academy</u>	<u>Date Completed</u>

The Hatfield Volunteer Fire Company has permission to discuss, for Fire Department purposes, the content of this application with anyone except as noted here:

If none, so state: _____

Eligibility for membership in the Hatfield Volunteer Fire Company is subject to and contingent upon a satisfactory motor vehicle record and background investigation to be obtained from the local police department.

I hereby release and hold harmless from liability The Hatfield Volunteer Fire Company any and all other persons, companies, corporations, schools, colleges, or police departments supplying information pertaining to this application.

Yes No Initial _____

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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a non-position related handicap or disability of an individual who is capable of performing the essential functions of the position with or without reasonable accommodation.

The information given on this application is true and correct to the best of my knowledge, and I hereby give the Hatfield Volunteer Fire Company permission to verify any or all of its contents as necessary.

Applicant's signature: _____ **Date:** _____

FOR JUNIOR APPLICANTS:

If applying as a Junior Member, please have your Parent or Legal Guardian provide their permission to have your application be considered by signing below:

Consent of Parent or Legal Guardian: _____

Date: _____

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Medical Examination Report

This section must be completed by a Licensed Physician

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been treated for or ever had any known indication of: | | |
| A) Disorder of Eyes, Ears, Nose or Throat? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Dizziness, Fainting, Convulsions, Headache, Speech Defect, Paralysis or Stroke, Mental or Nervous Disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Shortness of Breath, Persistent Hoarseness or Cough, Blood Spitting, Bronchitis, Pleurisy, Asthma Emphysema, Tuberculosis or Chronic Respiratory Disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Chest Pain, Palpitation, High Blood Pressure, Rheumatic Fever, Heart Murmur, Heart Attack or other Disorder of the Heart or Blood Vessels? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) Disorder of Stomach, Intestines, Liver or Gall Bladder? | <input type="checkbox"/> | <input type="checkbox"/> |
| F) Diabetes, Thyroid or Other Endocrine Disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| G) Neuritis, Sciatica, Rheumatism, Arthritis, Gout or Disorder of the Muscles or Bones, Including the Spine, Back or Joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| H) Deformity, Lameness or Amputation? | <input type="checkbox"/> | <input type="checkbox"/> |
| I) Disorder of Skin, Lymph Glands, Cyst, Tumor or Cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| J) Allergies, Anemia or other Disorder of the Blood? | <input type="checkbox"/> | <input type="checkbox"/> |
| K) Alcoholism, Narcotic Addiction or Drug Addiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| L) Any Mental or Physical Disorder not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you now under observation or taking treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had military service deferment, rejection or discharge because of a physical or mental condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever requested or received a pension, benefits or payments because of an injury, sickness or disability? | <input type="checkbox"/> | <input type="checkbox"/> |

Age: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Blood Pressure: _____ Pulse at Rest: _____ After Exercise: _____ Heart: _____

Lungs: _____ Abdomen: _____ Neurological: _____ Extremities: _____ Protein: _____

Ears/Eyes/Nose/Throat: _____ Urinalysis: _____ Glucose: _____ Blood Type: _____

I hereby certify that as a practicing physician in the Commonwealth of PA, the applicant is physically fit to become a firefighter.

Examined at: _____

Date

Signature of Physician

M.D.

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Application for Background Check

I, _____, have applied for membership with the Hatfield Volunteer Fire Company.

I certify that the information contained in my application is correct to the best of my knowledge, and I understand that falsification of the information may be grounds for denial of membership or, if already a member, dismissal.

I authorize the Hatfield Volunteer Fire Company, its designated agents and employees/members, to obtain, review, and copy any and all information concerning my previous employment, education, or any other information obtainable, personal, or otherwise, with regard to any of the following subjects:

(A)

(B)

I authorize any of the persons or organizations referenced above to give you any and all information so described and shall release all such parties from liability for any damage that may result from furnishing such information to the Hatfield Volunteer Fire Company. I further authorize the Hatfield Volunteer Fire Company to request and receive such information.

I grant this permission knowing full well that most of the information is privileged and could not be disclosed without my expressed written permission.

Applicant's Signature