

HATFIELD VOLUNTEER FIRE COMPANY NO. 1

Organized June 13, 1910 *** Chartered Under PA Laws May 13, 1912
75 North Market Street Hatfield, Montgomery County, PA 19440

Application for Membership

Our membership types include Firefighter, Associate Firefighter (age 18 and above who is an active firefighter from another fire company recommended by a HVFC line officer), Junior Firefighter (age 16 or 17), Cadet (age 14 or 15) and Auxiliary Member (those who want to volunteer for things such as fund raising, administrative functions, etc). No experience is required. If questions, email us at VicePresident@hatfieldfire.org or stop by the 75 North Market Street fire station any Tuesday at 7:00 PM.



Application Process:

- Your completed application should be returned to the Hatfield Volunteer Fire Company 75 North Market Street. Our practice nights are Tuesday 7:00 PM. **Junior and Cadet applicants should attach a copy of his/her working papers (available at your school).** If no one is available at the fire station, please put the application in the U.S. Mail drop box located by the front left door. Electronic applications can be completed and sent from our website at www.hatfieldfire.com.
- You will be contacted by the Screening Committee to set up an interview.
- A majority vote of the screening committee will accept you as a probationary member contingent upon satisfactory PA State Police background check (obtained by the Fire Company Vice President), PA Child Abuse history clearance (<http://www.compass.state.pa.us/cwis/public/home>), and satisfactory physician medical evaluation (not required for Associate Firefighter, Cadet and Auxiliary members). The last two items are your responsibility to obtain and give to the Fire Company Vice President (the Vice President will give you the required forms) within two months of your acceptance by the screening committee. If these two items are not given to the Vice President your membership will be terminated.

Position Desired:

- Firefighter Associate Firefighter (see above description)
- Junior Firefighter (age 16 or 17) Cadet (age 14 or 15) Auxiliary Member

Fire Company Use Only

Date received _____
Date screened _____ accepted ___ denied ___
PA State Police background check _____ PA Child Abuse history clearance _____
Physician Medical Evaluation Form _____ Working papers _____
Date voted for membership _____ approved ___ denied ___
Fire training certificates _____

Personal Information:*Please print the following information*Name: _____
 First Middle Last

Date of Birth: ___/___/___ Age: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip code: _____

Years at above address: _____ Cell Phone Number: (____) ____-_____

Email address: _____

Driver's license #: _____ State: _____ Exp. Date: _____

Employment Information:

Present Employer: _____

Will your present employer allow you to respond to daytime calls? Yes No

If you served in the military, what was your discharge? _____

Past Firefighting Experience:

If you belonged to another fire company, which one? _____

Are you Firefighter I certified? Yes NoHave you completed: Vehicle Rescue Awareness Yes NoVehicle Rescue Operations Yes No**Emergency Contact Information:**

Name: _____ Relationship: _____

Address: _____ Phone Number: (____) ____-_____

City: _____ State: _____ Zip code: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: (____) ____-_____

City: _____ State: _____ Zip code: _____

Character References (Other than Family or Relatives):

Name: _____

Address: _____

Phone Number: _____

Years Known: _____

Name: _____

Address: _____

Phone Number: _____

Years Known: _____

Who asked you to join the Hatfield Vol. Fire Co.? _____

Authority to Release Information

Name: _____
 First Middle Last

Date of Birth: ____ / ____ / ____ SSN: _____

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the Hatfield Volunteer Fire Company bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, medical records and character references. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability, from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Constitution, By Laws, and Standard Operating Guidelines of the Hatfield Volunteer Fire Company. All information obtained will be held in strictest confidence.

APPLICANT'S SIGNATURE: _____ Date _____

Parent or Legal Guardian: _____ Date _____
(Junior or Cadet applicants only)

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

_____ If none, so state: _____

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

Yes No Initial _____

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 job 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 AND CADET APPLICANTS ONLY

If applying as a Junior or Cadet 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: _____

**FOR FIREFIGHTER, JUNIOR AND ASSOCIATE FIREFIGHTER APPLICANTS ONLY.
CADET AND AUXILIARY MEMBER APPLICANTS DO NOT NEED TO COMPLETE THIS SECTION.**

I agree to notify the Hatfield Volunteer Fire Co. Fire Chief, or if not available a member of the Fire Company Occupational Safety & Health Committee, in the event I experience an injury or disability that might prevent me from performing any firefighting job task. If the injury or disability occurs at a Fire Company activity, it should be immediately reported to the Fire Chief, or if not available a member of the Fire Company Occupational Safety & Health Committee.

member's signature

date

print name

Consent of Parent or Legal Guardian: _____

Date: _____

FOR FIREFIGHTER, ASSOCIATE FIREFIGHTER AND JUNIOR APPLICANTS ONLY.

CADET AND AUXILIARY MEMBER APPLICANTS DO NOT NEED TO COMPLETE THIS PAGE.

Medical Information:

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

Allergies: _____

Date of last Tetanus vaccination: ____/____/_____

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

Essential job functions include:

- Pulling, pushing, chopping, crawling, dragging, climbing, and lifting and carrying heavy objects
- Working in potentially hazardous, enclosed, dark, elevated, and/or extreme temperature environments
- Wearing heavy protective and respiratory (air pack) gear and operating heavy rescue equipment

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

If reasonable accommodation is required, please list:
