

Gladwyne **FIRE** Company

1044 Black Rock Rd.
Gladwyne, PA. 19035

Application for Brigade Membership

The conditions of this application upon approval of the Board of Directors require applicant to serve a six month probationary period prior to acceptance to full voting membership status in the Brigade. During this period, the applicant must attend no less than twenty-five percent of all Company events (fire calls, drills, special services, etc.) and complete a basic firefighting school. Once accepted, a Gladwyne volunteer must attend no less than twenty-five percent (25%) of all fire calls and scheduled drills to remain in good standing.

Applicants full name: _____ Date of Birth: _____ / _____ / _____

Home Address: _____ Email Address: _____

Home Phone Number: _____ Work Phone Number: _____

Employer: _____ Name of Supervisor: _____

Employers Address: _____

Drivers License Number: _____ State Issued: _____ Social Security Number: _____ / _____ / _____

Current School Attending: _____ Grade Attending: _____

Firefighting Experience (include dates): _____

Firefighter Training (include dates): _____

**** Please attach all copies of firefighting certificates****

List all current memberships in other firefighting organizations: _____

List other training and/or experience (ambulance, first aid, rescue, etc.): _____

List any physical, medical, or psychological conditions that may affect your performance as a Gladwyne firefighter (include work and/or personal): _____

List any other limitations and/or restrictions that may affect your performance as a Gladwyne firefighter: _____

Emergency Contact: _____ Relationship to Applicant: _____

Address: _____

Emergency contact phone numbers: Home _____ Work _____

Have any criminal charges ever been brought against you resulting in conviction or a plea substantially equivalent to

“No Contest” ? () Yes () No

The undersigned applicant authorizes the Gladwyne Fire Company to request any police and/or law enforcement agency to perform a public and/or criminal record search, and such agency is authorized to reveal to the Gladwyne Fire Company the results of said search, as it shall pertain to the applicant.

Further, the applicant understands that any misstatement, falsification, or omission of facts pertaining to this application will result in suspension and/or expulsion from the Brigade, and such other penalties as provided by law.

With the submission of this application, I authorize the investigation of all statements contained in this application and authorize the performance of a background check as may be necessary. I hereby authorize and consent to the release of information and records bearing on my personal history, arrests and convictions, if any, as well as all information and records pertaining to any medical and psychiatric examination or treatment that I have received at any time. This authorization specifically includes the request that any doctors with the knowledge of my case freely furnish their evaluation or opinion to which I voluntarily authorize the release of this information. This authorization is valid for one (1) year after my signing and dating of this application. Upon request, a copy of this statement may be furnished to any individual or agency providing information about me.

Furthermore, in accordance with Pennsylvania Act 168, I swear that I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa. C.S. 3301 or any similar offense under Federal or state law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including but not limited to, a fine of at least \$1,000.00. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal.

I further understand that this application is not intended to confer any contractual right or obligation to any party and that Lower Merion Township and the Fire Companies of the lower Merion Fire Department reserve the right to change any practice, policy, or procedure with or without notice , at it’ sole discretion. I further understand that I am required to abide by all rules, regulations, policies and procedures of the Lower Merion Township Fire Department and the Fire Company in which I am making application.

**** IF APPLICANT IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIANS PERMISSION LETTER MUST ACCOMPANY THIS APPLICATION, AND PARENT OR GUARDIAN MUST BE PRESENT AT INITIAL INTERVIEW. ****

Applicants signature: _____ Print name : _____ Date: _____

Signature of parent or guardian in under 18 years of age: _____ Date: _____

Interview Date: ____ / ____ / _____

Date of Approval: ____ / ____ / _____

Interviewed by: _____
