



Membership Application

West Manchester Township Fire & Emergency Service
380 East Berlin Rd * York, PA 17408 * (717) 792-3505



Personal Information

| | | | | |
|-----------------------------------------------------------|-----------------------|-----------------------------------------------------------------|---------------------|----------|
| Last Name | First Name | Middle Initial | Date of Application | |
| Current Address – Street and Apartment | | City | State | Zip Code |
| Day Telephone No. | Evening Telephone No. | Mobile Telephone No. | Email Address | |
| Date of Birth | Social Security No. | Occupation | Employer | |
| Drivers License – State/License No./Class/Expiration Date | | List any traffic violations of which you have been found guilty | | |

Fire Company Preference (check one)

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|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Shiloh Fire Company Station 2 – Located at 2190 Carlisle Rd York, PA 17408 * (717) 764-3920 |
| <input type="checkbox"/> Lincolnway Fire Company Station 5 – Located at 300 East Berlin Rd York, PA 17408 * (717) 792-1106 |

Membership Class (check one)

| | |
|----------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active Firefighter | Responds to fire calls, attends company meetings, and participates in fundraising. |
| <input type="checkbox"/> Social Member | Attends meetings and participates in fundraising |
| <input type="checkbox"/> Contributing Member | Dues paying only and does not participate in firefighting, meetings, or fundraisers. |
| <input type="checkbox"/> Junior/Cadet | 14-15 years of age (junior) and 16-17 years of age (cadet) |

Emergency Contact Information

| Name | Address | Telephone No. | Relationship |
|------|---------|---------------|--------------|
| 1. | | | |
| 2. | | | |

Security Information

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| <p>Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction of a felony or misdemeanor will not automatically disqualify an individual from nomination)</p> <p>If yes, please list date, city and charge</p> |
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Experience

| Firefighting/Rescue/EMS Courses (list additional on back or attach certificates) | Year Completed |
|----------------------------------------------------------------------------------------------------------------|----------------|
| | |
| List any other experience or skills that may be beneficial (i.e. Fund Raising, Administration, Clerical, etc.) | |

West Manchester Township Fire & Emergency Service does not discriminate on the basis of race, age, color, national origin, marital status, sex, sexual orientation, or religious beliefs

Membership Application – West Manchester Township Fire & Emergency Service

References

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|
| Are you presently, or have you ever been, a member of another fire company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list company name, address, telephone number, and dates active. | | |
| May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain why. | | |
| Character References (not relatives) | | |
| Name | Address | Telephone No. |
| 1. | | |
| 2. | | |
| 3. | | |

Notice of Need for Wellness Physicals, Active Firefighter Applicants Only (read and sign)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| All persons seeking “active” membership status (firefighter or fire police), shall provide evidence that he or she is medically capable to safely perform the duties outlined in the attached job tasks. The prospective member shall obtain medical clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). This clearance may be obtained from the prospective member’s personal physician or one provided by the township. Approval shall be in written form stating that the physical has evaluated the member, and the member is medically capable of performing the duties as outlined. Written documentation shall be mailed to the office of the Township Fire Chief in original form. A photocopy SHALL NOT be acceptable. Medical clearance shall be obtained prior to any new member participating in firefighting or rescue duties, including training. | |
| Signature of Applicant | Date |

Authorization and Certification, All Applicants (read and sign)

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| I authorize West Manchester Township Fire & Emergency Service to make whatever inquiries it deems necessary of any former member, or personal reference named in this application or referred by a person name in this application in order to verify any information given in my application. I understand that such inquiries may include information as to my character, general reputation, and personal characteristics. Statements I made in this application are true and complete. I understand that if, in the judgment of the company, I have made any false statements, omissions, concealment, any misrepresentation, or if I have failed to answer any questions fully and accurately or if the results of the company’s investigation are not satisfactory, then any offer made by the company may be withdrawn or my employment with the company may be terminated immediately without any obligation or liability to me. I also certify that I am 18 years of age to become a Senior member, or that I am at least 14 years of age in order to become a Junior or Cadet Member. | |
| Signature of Applicant | Date |
| Proposed by | Date |

Statement of Consent, Active Firefighter and Social Member Applicants Only (read, sign, have notarized, and include a \$10.00 records check processing fee)

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| I hereby grant the Chief of Department of the West Manchester Township Fire & Emergency Service or one of his agents, the authority to search and record, all records; birth, school, armed services, the courts, motor vehicle records, fire training education records, past and present employers and all agencies that may possess any such record that me be deemed necessary and practical in order to conduct an investigation into my background for the purpose of volunteer employment with West Manchester Township and membership with any fire company in the West Manchester Township Fire & Emergency Service. I further authorize West Manchester Township Fire & Emergency Service to complete form Pennsylvania State Police Request for Criminal Record Check form SP 4-164(1-97). | |
| Signature of Applicant | Date |
| Subscribed to and duly sworn to, before me according to law by the above named applicant, the _____ day of _____, 20__ , at _____, County of _____, State of ____ Notary Public Seal/Signature | |

This Section for Fire Company Use Only

Processing Information

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|---------------------------|--------------------------|--------------------------|--------------------------|
| Date Application Received | Received By | Date PSP Check Submitted | Date PSP Check Returned |
| Date Reference #1 Called | Date Reference #2 Called | Date Reference #3 Called | Date Fire Company Called |
| Date Presented to Members | Approved / Denied | Date Notice Sent | Work Permit Yes / No |

Investigation Notes

Investigation Committee

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|------------------------------|------|
| Vice President / Chairperson | Date |
| Board Member / Member | Date |
| Board Member / Member | Date |

Line Officer Interview

| | |
|--------------|------|
| Fire Chief | Date |
| Line Officer | Date |