

# STRINESTOWN COMMUNITY FIRE COMPANY, INC.

5690 Susquehanna Trail

Manchester, PA 17345

717-266-1131

www.strinestownfire.com



## *Membership Application*

The following information is submitted for evaluation to be admitted into membership  
of The Strinestown Community Fire Co., Inc.

**All application and membership fees must be submitted with this application, to be processed. \$14.00 must accompany this application. \$8.00 Application fee, \$6.00 Membership fee.**

**All information must be provided as requested.**  
**Signatures are required on pages 4 & 5 of this application.**

### **PLEASE PRINT OR TYPE ALL INFORMATION**

1. NAME \_\_\_\_\_  
LAST FIRST MIDDLE

MADIEN NAME or ALIASES \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LIST PREVIOUS ADDRESS IF AT CURRENT ADDRESS LESS THAN 5 YEARS.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

e-mail address \_\_\_\_\_ @ \_\_\_\_\_

4. DRIVERS LICENSE # \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

6. PLACE OF BIRTH, CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

7. RESIDENT OF PENNSYLVANIA YES NO U.S. CITIZEN YES NO  
(circle one) (circle one)

8. IF YOU DID NOT ANSWER YES TO QUESTION #7, OR HAVE BEEN A RESIDENT OF PENNSYLVANIA FOR LESS THAN 5 YEARS, LIST PREVIOUS STATE AND/OR COUNTRY OF RESIDENCY HERE. \_\_\_\_\_

9. GENERAL HEALTH CONDITION (CIRCLE ONE)

EXCELLENT

GOOD

FAIR

POOR

10. DO YOU HAVE ANY SPECIAL HEALTH CONDITIONS OR DISABILITIES THAT WE NEED TO BE AWARE OF? THIS INFORMATION WILL NOT BE USED TO DETERMINE MEMBERSHIP ELIGABILITY. (CIRCLE ONE) YES NO  
IF YOU ANSWERED YES, PLEASE LIST HERE. \_\_\_\_\_

11. ARE YOU CURRENTLY ON WORKERS COMPENSATION OR HAVE A WORKERS COMPENSATION CLAIM PENDING? (CIRCLE ONE) YES NO

12. CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

13. PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

14. REFERENCES: PROVIDE COMPLETE MAILING ADDRESS OF 3 ADULTS OVER 21. DO NOT LIST RELATIVES. DO NOT LIST MEMBERS OF THIS COMPANY.

NAME

COMPLETE ADDRESS

YEARS OF  
ACQUAINTANCE

1. \_\_\_\_\_  
PHONE \_\_\_\_\_ e-mail \_\_\_\_\_

2. \_\_\_\_\_  
PHONE \_\_\_\_\_ e-mail \_\_\_\_\_

3. \_\_\_\_\_  
PHONE \_\_\_\_\_ e-mail \_\_\_\_\_

15. FIRE COMPANY REFERENCE. (Not Required) \_\_\_\_\_

Name of Member in this Fire Company

16. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FIRE COMPANY, EMERGENCY MEDICAL SERVICE OR SIMILAR VOLUNTEER ORGANIZATION?

CIRCLE ONE

YES

NO

IF SO LIST NAME OF ORGANIZATION, COMPLETE MAILING ADDRESS, CHIEF OR OFFICER IN CHARGE, DATES OF SERVICE AND ANY POSITIONS HELD

NAME \_\_\_\_\_ CHIEF OR OIC \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATES OF SERVICE \_\_\_\_\_ POSITION(S) HELD \_\_\_\_\_

17. REASON(S) FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

18. PLEASE LIST ALL RELATED TRAINING COMPLETED. \_\_\_\_\_

\_\_\_\_\_

19. HAVE YOU BEEN CHARGED OR CONVICTED OF ANY CRIMINAL ACTS? (CIRCLE ONE)

YES

NO

IF YOU ANSWERED YES TO QUESTION #19, PLEASE LIST BELOW. PROVIDE NATURE OF CRIME, LIST DATE OF OCCURRENCE AND PENALTY. \_\_\_\_\_

\_\_\_\_\_

20. HAVE YOU COMMITTED ANY MOTOR VEHICLE VIOLATIONS? (CIRCLE ONE)

YES

NO

IF YOU ANSWERED YES TO QUESTION #20, PLEASE LIST BELOW. PROVIDE VIOLATION(S) AND DATE VIOLATION(S) OCCURRED. \_\_\_\_\_

\_\_\_\_\_

21. PLEASE LIST ANY MILITARY SERVICE. Branch of Service, Rank, and Date of Discharge.

\_\_\_\_\_

TYPE OF DISCHARGE

HONORABLE

DISHONORABLE

## APPLICANTS STATEMENT

I, \_\_\_\_\_, do hereby apply for membership in the Strinestown  
Print full name here

Community Fire Co., Inc. I certify that all the information that I have given is true and correct to the best of my knowledge. I understand that any false or misleading statements or answers that I may have given or misstated or omitted facts will be grounds for dismissal from this organization. I authorize the Strinestown Community Fire Co., Inc. and its officers or agents to make a complete investigation of any federal, state or local criminal, police or motor vehicle records that may exist concerning me. I further authorize the Strinestown Community Fire Co., Inc. and its officers or agents to contact any individual and any current or previous employer(s) or organization(s) that may also have records concerning me. **Application fees are not refundable.**

\_\_\_\_\_  
**Applicants Signature** (Sign here and at bottom of page 5)

\_\_\_\_\_  
Date

**NOTICE:** Incomplete information will delay your application process and will be returned to you for completion. Failure for your references, employer and other organizations to return questionnaires will delay your application process. Background checks require all information requested, including FULL name, social security number, date of birth, sex, race and maiden name or aliases.

Membership fee is for current calendar year. Dues are required to be paid before the end of the January regular Fire Company meeting each year. Dues paid after this time are subject to a \$5.00 late fee. Any Fire Company member's dues that are delinquent for a period of one calendar year shall be required to reapply for membership subject to all fees, costs and requirements in effect at that time.

Article 14 of the by-laws of the Strinestown Community Fire Co. states the following:

The Strinestown Community Fire Company prohibits discrimination against and harassment of any member or any applicant for membership because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

Please provide a free volunteer PA Child Abuse History Clearance-  
[www.compass.state.pa.us/cwis/public/home](http://www.compass.state.pa.us/cwis/public/home)

\_\_\_\_\_  
Fire Company Use  
Application and fee received \_\_\_\_\_ CASH CHECK# \_\_\_\_\_

Background check entered \_\_\_\_\_ received \_\_\_\_\_

Reference questionnaires mailed \_\_\_\_\_

Recommended for membership YES NO Approved for membership YES NO DATE \_\_\_\_\_

## *Strinestown Community Fire Co.*

To comply with the Pennsylvania Child Protective Services Law, we must obtain background checks for all prospective volunteers with a significant likelihood of regular contact with our junior firefighters (individuals below age 18). Therefore, volunteers can expect at least a background check and child abuse clearance.

Have you been convicted of a felony or misdemeanor during the past 10 years?

☐ YES   ☐ NO

(Do not include convictions that have been sealed or expunged by court order.)

If yes, please describe the crime – state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case.

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The Strinestown Community Fire Company appreciates your willingness to share your skills. The information gathered in this application is designed to help us make sound decisions in providing the highest quality emergency response services to our community. *Please initial each of the statements below:*

\_\_\_\_\_ *I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.*

\_\_\_\_\_ *I understand that I can withdraw from the application process at any time.*

\_\_\_\_\_ *My signature indicates that I have read and understood the above.*

***Do not sign below until you have read and initialed the above statements.***

**Applicant Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_