



**NORTH MIDDLETON TOWNSHIP VOLUNTEER FIRE COMPANY #1**  
**2061 SPRING ROAD, CARLISLE, PA 17013**  
**PH: 717-243-2701**

**Junior Firefighter (16-17 Years Old) - Membership Application Instructions**

1. All Junior Firefighter Applicants 16-17 years old:
  - a. Fully fill-out the application, sign it and have a **parent or legal guardian read and sign it**.
  - b. Include a **copy of a work permit** from school.
  - c. Drop off the completed application, your work permit, **and a \$10, non-refundable application fee**. The fee can be paid in cash or a check made out to "North Middleton VFC". Drop your application packet off in the station drop box, to the duty driver or any member of the Fire Company.
  - d. The Membership Committee will contact you with the status of your application. (*usually within 30 days after your application was reviewed and voted on*) If your application is accepted, the Membership committee will arrange a meeting or orientation with you the applicant to explain some rules, show you around, and answer any questions or concerns you may have.

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**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Driver License Information: (if you have one)**

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**Emergency Contacts: (your legal parents or guardians)**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*If applicable*

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical History:**

Have you ever had any serious injuries or illness that could affect your ability to be a firefighter? (example - high blood pressure, diabetic problems, breathing problems, back or neck injury, etc.) **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ If yes, please list the condition explaining what the illness is and any medications you are currently taking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**History:**

Have you ever been convicted of a crime other than a summary traffic offense? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ If yes, please attach a current Pennsylvania State Police Criminal History Records Check, available by mail or online from <https://epatch.state.pa.us/home> at a nominal cost paid for by the applicant, along with a written explanation of the circumstances. A conviction includes a guilty or no contest plea, or verdict following a trial, and includes all misdemeanors and felonies in any jurisdiction at any time. Failure to disclose this information may be deemed cause for termination during Probationary Membership.

Are you now, or ever have been, a member of another department or organization that provided first responder services (**fire, EMS or similar service**)? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ (If yes, please list the department or organization, number of years a member and the fire chief , other officer, or supervisor's name and contact number)

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Have you ever been disciplined or terminated at the department or organization stated above?  
**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ (If yes, please explain the events and what penalty was given):

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Are you a student currently in high school, trade school, or college? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ (If yes, please list name of school, school's address, major, and years attended):

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Do you have any fire or EMS qualifications? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ (If yes, please make a photo copy of all qualifications. If copies cannot be made, we will assist you. *\*\* Also note, all copies will not be returned\*\**)

**Current Employment:**

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Shift: \_\_\_\_\_

Start and End Time of Your Regular Shift: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Hours: \_\_\_\_\_ per week

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**Motivation:**

Please explain why you are interested in becoming a member of the North Middleton Township Volunteer Fire Company #1.

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**References:** Please list 3 references that are not related to you in any way and that you have not listed already.

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**With my signature below, I hereby request consideration as an applicant for membership in the North Middleton Township Volunteer Fire Company #1; promising if elected into membership, to abide by the constitution, by-laws, and all rules and regulations. Any misstatement will be sufficient cause for removal from the membership. I also consent to a full background investigation by the Membership Committee of the North Middleton Township Volunteer Fire Company #1. I further certify that all information provided is true and correct to the best of my knowledge.**

**Date:** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent / Legal Guardian Signature** \_\_\_\_\_

**Parent / Legal Guardian Name:** \_\_\_\_\_

**Parent / Legal Guardian Address:** \_\_\_\_\_

**Parent / Legal Guardian Phone:** \_\_\_\_\_

**\*\*\*\*\* A work permit from school must submitted with this application. \*\*\*\*\***

**\*\*\*\*\* There is a \$10.00 administrative fee, non-refundable, to be paid when the application is submitted\*\*\*\*\***

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NORTH MIDDLETON TOWNSHIP VOLUNTEER FIRE COMPANY  
APPLICATION FOR MEMBERSHIP

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h)(1) Arson and related offenses reads:

*“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No. 61), known as the State Fire Commissioner Act.”*

All individuals making application for membership must provide documentation of a background check. Proof of a non-conviction **MUST** consist of either of the following:

- 1) An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

- 2) By dating and signing of the following statement by the person swearing to the following:

*“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 any 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”.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (please print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print or type)

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

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**Date Application Received:** \_\_\_\_\_ **Application Fee Received By:** \_\_\_\_\_

**Date read at Meeting:** \_\_\_\_\_ **Probation Member:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

**Denial letter sent:** \_\_\_\_\_ **Work Permit Received:** \_\_\_\_\_

**Signed Company Roll:** \_\_\_\_\_ **Driver's license check:** \_\_\_\_\_

**Meeting with Membership Committee:** \_\_\_\_\_ **Beneficiary Form:** \_\_\_\_\_ **PPE:** \_\_\_\_\_

**IRA/Active 911:** \_\_\_\_\_ **Probation period ends:** \_\_\_\_\_

**Active Membership:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Rejected**

**Termination letter sent:** \_\_\_\_\_ **Termination date:** \_\_\_\_\_