

DOWNINGTOWN FIRE DEPT. - VOLUNTEER MEMBERSHIP APPLICATION

ALERT FIRE CO. NO. 1

122 W. Pennsylvania Ave.
Downingtown, PA 19335
Phone: 610-269-0454
www.alertfire.org

MINQUAS FIRE CO. NO. 2

141 Wallace Ave.
Downingtown, PA 19335
Phone: 610-269-2797
www.minquasfire.org

ALERT FIRE CO. No. 1: MINQUAS FIRE CO. No. 2: _____ (Please Choose One Company) DATE: _____

FIRE: _____ EMS: _____ FIRE POLICE: _____ SOCIAL: _____

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INT: _____ DOB: _____

STREET ADDRESS: _____ APT./UNIT No: _____

CITY: _____ STATE: _____ ZIP: _____ SOCIAL SECURITY No: _____

PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT (NAME/PHONE): _____

DO YOU HAVE PRIOR EMERGENCY SERVICES EXPERIENCE?

YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN ARRESTED, INDICTED AND CONVICTED OF A MISDEMEANOR OR FELONY? OR, HAVE BEEN A DEFENDANT IN A CRIMINAL PROCEEDING?

YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____

PHYSICAL CONDITION

DO YOU HAVE ANY PHYSICAL OR HEALTH LIMITATIONS THAT COULD INTERFERE WITH YOUR PERFORMANCE AS A FIREFIGHTER OR EMERGENCY RESPONDER?

YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE: _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE: _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE: _____

DRIVER'S LICENSE No. AND STATE WHERE ISSUED: _____

OTHER SKILLS AND/OR TRAINING

PLEASE LIST ANY OTHER SKILLS OR TRAINING THAT YOU MAY HAVE, THAT HAS NOT BEEN PREVIOUSLY LISTED:

REFERENCES

PLEASE LIST THREE PROFESSIONAL/PERSONAL (NON-RELATIVE) REFERENCES:

FULL NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE No:** _____
ADDRESS: _____

FULL NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE No:** _____
ADDRESS: _____

FULL NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE No:** _____
ADDRESS: _____

CURRENT EMPLOYER

COMPANY NAME: _____ **POSITION:** _____
ADDRESS: _____ **PHONE No:** _____
SUPERVISOR: _____ **YEARS OF SERVICE:** _____

DISCLAIMER AND SIGNATURE

I affirm, subject to the penalties for perjury, that the statements by me, contained herein on this application are to the best of my knowledge and belief, true and correct. And, I further give the Downingtown Fire Dept. and/or the Borough of Downingtown authorization to investigate my background, by completing the enclosed Pennsylvania State Police Criminal Record Check and the Pennsylvania Child Abuse History Clearance forms. If you have resided outside of Pennsylvania within the past ten years, you will need to complete an FBI Fingerprinting check, as well.

Please include \$10.00 in cash or check, made payable to the Alert Fire Co. No. 1 or the Minquas Fire Co. No. 2, as your membership dues. If your application is denied, this money will be returned to you. Incomplete applications may be returned to the applicant.

Applicant Signature: _____ Date: _____

DOWNINGTOWN FIRE DEPT. USE ONLY

APPROVED: _____ DENIED: _____ COMMENTS: _____

INVESTIGATING COMM. SIGNATURE: _____ DATE: _____

FINANCIAL (MEMBERSHIP) SECRETARY SIGNATURE: _____ DATE: _____