

MEMBERSHIP APPLICATION PACKET



2067 State Road, Bensalem, PA 19020 / (215)639-2988 / www.union37.com

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Numeric Street Apartment/Unit # City State Zip

DOB: _____ SS#: _____ Phone #: _____ Email: _____

Military Service: Yes No If Yes, Branch: _____ Discharge Status: Honorable Dishonorable

Current Employment: _____
Company Position Supervisor Phone #

Have you ever been or currently a member of another Fire Department: Yes No If Yes, Dates: _____

If Yes, What Department: _____
Company Position Chief Phone #

Have you ever applied or been a member of Union Fire Company: Yes No

If Yes, Dates: _____ Reason for leaving or not joining: _____

Have you ever been convicted of a crime: Yes No

If you have been convicted of a crime, explain: _____
Charges City/County State Disposition of Case

Has your drivers license ever been or currently suspended or revoked: Yes No

Have you received any moving traffic violations within the past three (3) years: Yes No

If Yes, type of violation(s) and date(s): _____

List any members of the Union Fire Company with whom you know: _____

List three (3) references, other than relatives or members named above:

Name	Contact Number	Relationship	Years Known
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Name	Contact Number	Relationship	Years Known
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Name	Contact Number	Relationship	Years Known
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Type of Membership: _____ Membership Interests: _____

- | | |
|--|--|
| <input type="checkbox"/> Active Firefighter (18+)
<input type="checkbox"/> Junior Firefighter (14-17)
<input type="checkbox"/> Contributing Firefighter (Non-Company Voting Rights)
<input type="checkbox"/> Administrative | <input type="checkbox"/> Fire
<input type="checkbox"/> EMT
<input type="checkbox"/> Fire/EMT
<input type="checkbox"/> Fire Police |
|--|--|

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize the Membership Committee of Union Fire Company to contact the references I supplied on this application.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release. I also understand that this application is for **NON-VOTING ASSOCIATE MEMBER**. This membership will allow for me to be covered by any supplemental insurance that Union Fire Company may provide in case of death or injury.

Union Fire Company is firmly committed to creating an equal employment and membership opportunities for all persons and maintains all of its policies, practices, and procedures in strict compliance with all federal, state, and local civil rights laws and regulations.

Signature _____

Print Name _____

Date _____

*****Fire Company Use Only*****

Membership Committee Interviewed: Yes No

- i. If No, Reason: _____
- ii. Date Interviewed: _____
- iii. Interviewed By: _____
- iv. Membership Committee: Approved Denied If Denied, Reason: _____

Background Paperwork Submitted to Township: Yes No

- i. Date Submitted: _____
- ii. Submitted By: _____
- iii. Submitted To: _____
- iv. Township: Approved Denied Date: _____ If Denied, Reason: _____

Company Meeting:

- i. Date Application Read: _____
- ii. Membership Approved: Yes No If No, Reason: _____
- iii. Probation Period: 6 months 12 months

If approved, the following information/documentation is required:

- i. Emergency Contact & Member Pertinent Information Form Completed
- ii. Life Insurance Form Completed
- iii. W-9 Form Completed
- iv. Aladtec Account Created
- v. I Am Responding Account Created
- vi. VFIS Account Created
- vii. Copies of Certifications Obtained
 Not Applicable
- viii. Mentor Assigned
Mentor: _____
- ix. Gear Assigned
- x. S.O.G. Booklet Assigned