



Broomall Fire Company

FIRE / RESCUE

10 N. Malin Road, Broomall, PA. 19008
Telephone: 610-353-5225 Fax: 610-353-8211
Visit us online at www.broomallfirecompany.com

Application for Membership

Directions

1. Please print and completely fill out the following application and return to the Membership Committee of the Broomall Fire Company. Application can be mailed, faxed, emailed (membership@broomallfirecompany.com) or dropped off at the Broomall Fire Company.
2. A two dollar (\$2.00) application fee is required at the time of the interview. **Interviews will not be conducted with out the application fee.** The fee can be paid by cash, check, or money order. Checks or money orders should be made out to the Broomall Fire Company.
Note: Application fee will be returned if not elected into the Broomall Fire Company.
3. If applying for Firefighter or Fire Police. Once elected into Broomall Fire Company you will be required to get a Physical at the Springfield Healthplex. No charge to new member.
4. Will also require a PA State Police & PA child clearance background check.

Probationary Status

All new members are subject to a (6) six-month probationary period in which you are required to meet minimum obligations in order to remain a member. The minimum obligations include:

- General Participation – new members should endeavor to familiarize themselves with the Company and other members. Probationary members that are not visible will be removed from the program at the discretion of the Board of Directors.

Monthly Meetings

Monthly Meetings are held on the second Monday of every month.

Monthly Drills

Monthly drills are held on the first, third & fourth Mondays of every month.

Juniors

Applicants under the age of 18 years are required to have copies of their working papers at the time of their interview. **Parents/Legal Guardians are required to be present at the time of**

interview. If minors do not already have working papers, they may bring an application for working papers to the firehouse for completion by a Chief Officer.

Section 1

Type of Membership (check appropriate box):

Administration:	
Active Firefighter:	
Fire Police:	

General Information

Name:			
	(First)	(Middle)	(Last)
Date of Birth:			
	mm/dd/yyyy		
SSN:			

Address:	

Contact Information

Home phone:	
Cell phone:	
Pager:	
Email (not required):	

Driver's License Information

Number:		State:		Class:		Expiration:	
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Employment (Current)

Occupation:		Years Employed:	
Name of Employer:			
Address:			
Work Phone:		Work Shift?	

Reason for Joining the Fire Company (Please briefly explain your reasons for joining the fire company)

Section 2

Education

Are you still in High School?		If yes, what grade?	
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Name of High School:		Address:	
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Highest Grade Completed:		Degrees/Certificates:	
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Military Service

Have you served in the armed forces?		If yes, which branch?	
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How long did you serve?		Rank:	
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Type of Discharge:	
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Criminal Record

Have you ever been convicted of a crime?
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If yes, please explain:

Impairments

Do you have any physical or mental impairment that would limit your activities in the company
Y / N? If yes, please explain*:

*If answered yes, a Doctor's note may be required before activities are approved.

Section 3

Emergency Services Experience

Have you ever been a member of a Fire or Ambulance Company? _____

If yes, please list each; if more room is needed check here () and use the back of this page.

Name:	
Address:	
Phone No.:	
Service Time (from/to):	
Reason for Leaving:	

Name:	
Address:	
Phone No.:	
Service Time (from/to)	
Reason for Leaving:	

Please list all Emergency Services training you have completed (please attach copies of all certificates at time of interview):

If applicable, please list certification numbers for the following:

FFI:		FFII:		EMT:	
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Do you hold a current CPR certification? If yes, please provide completion date: _____

Section 4

Emergency Contact Information

Name:		Relationship:	
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Home Phone:		Work Phone:	
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Address:	
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References (Please list at least 3 references)

Name:		Phone:	
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Relationship:	
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Name:		Phone:	
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Relationship:	
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Name:		Phone:	
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Relationship:	
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Signature of Verification – All Applicants:

I, the undersigned, hereby verify that all information provided in this application is true and accurate to the best of my knowledge. I also understand that falsification of any information can be justification for termination of my application or membership at any time. I also grant permission to the Membership Committee of the Broomall Fire Company to perform a criminal background check.

Signed: _____
Date: _____

Junior Members Only:

I acknowledge that I must present the Membership Committee with a copy of my working papers in order to begin participation with the Fire Company. I am also aware that will be required to abide by all Child Labor Laws of the Commonwealth of Pennsylvania

Signed: _____
Date: _____

Legal Guardian/Parental Consent

I acknowledge that as parent/legal guardian of _____ I am granting permission for my child to become a member of the Broomall Fire Company.

Signed: _____
 Date: _____
 Relationship: _____

Note: If emailing application to membership, this can be signed the day of interview.



For Company Use Only

Issue Date:		Return Date:		Interview Date:	
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Application Fee Attached?	Yes / No	Amount:	
Working Papers Attached?	Yes / No / N/A		

Is applicant recommended for vote? Yes / No if no, please explain why?

Date of Election:	
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Have the six (6) month probation requirements been met? Yes / No if no, please explain why?

Have the one (1) year probation requirements been met? Yes / No if no, please explain why?

If working papers were not attached with the application list the date they were submitted: _____