



BIRDSBORO-UNION FIRE DEPARTMENT

SERVING BIRDSBORO BOROUGH AND UNION TOWNSHIP

MEMBERSHIP APPLICATION

The Birdsboro-Union Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer information.

INSTRUCTIONS

1. You must complete all sections of this application.
2. Please print and fill out the required information.
3. Applications without a signature will not be accepted.

POSITIONS

Cadet Firefighter (12-13 years
old): ☐

Junior Firefighter (14-17 years
old): ☐

Firefighter: ☐
Firefighter/Medical: ☐
Medical: ☐
Fire Police: ☐

Support Member: ☐

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
Home Address: _____ Mailing Address (If Different): _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Social Security Number: _____
Home Phone Number: _____ Cell Phone Number: _____ Email Address: _____

MEDICAL HISTORY INFORMATION

Do you have any medical conditions or physical limitations that should be considered? YES: ☐ NO: ☐
Are you currently receiving any special medical treatment or medications? YES: ☐ NO: ☐

DRIVING RECORD

Do you have a valid Pennsylvania driver's license? YES: ☐ NO: ☐ If not PA, what state of license: _____
Class of License: _____ Operators License Number: _____ Expiration Date: _____

EDUCATION

High School: _____ College: _____ Other: _____
Graduated: YES: ☐ NO: ☐ Graduated: YES: ☐ NO: ☐ Graduated: YES: ☐ NO: ☐

EMPLOYER INFORMATION

Employer: _____ Supervisor/Manager Name: _____ Phone Number: _____

REFERENCES

1. Name: _____ Address: _____ Phone Number: _____
2. Name: _____ Address: _____ Phone Number: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime? (Include misdemeanors, felonies, and traffic offenses): YES: ☐ NO: ☐
If you answered yes, please explain: _____

PUBLIC SAFETY INFORMATION

How were you referred to this department? _____
Have you ever been, or currently are, a member or employee of any emergency service agency? YES: ☐ NO: ☐
If so, what agency(s)? _____
Are you a member of any other community service organizations? YES: ☐ NO: ☐
If so, what organization(s)? _____

QUALIFICATIONS, SKILLS & TRAINING

Please list any fire, EMS, emergency management, or experience and certifications you currently have. Please include expiration dates and certifying state, department, or agency. Please attach copies of your certifications to this application. _____

Do you have or foresee any problems with heights, using self-contained breathing apparatus or possibly being confined to small places for long periods of time? YES: ☐ NO: ☐
If you answered yes, please explain: _____

Please list any additional education, skills, volunteer work, training, hobbies or other information you feel may be helpful in evaluating your application: _____

CERTIFICATION AND AGREEMENT

I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of any or all statements contained in this application. I understand that any misrepresentation or falsification of information provided may lead to withdrawal of opportunity or termination following membership. I release from all liability of responsibility all persons and organizations supplying information. The Birdsboro-Union Fire Department and/or any representation thereof is hereby authorized to make investigation of my driving record and criminal history background to be completed by the local police department as a condition of application. I agree that if my application for membership is accepted and approved, I will be held personally responsible for any and all department issued equipment and supplies. Further, I agree to return all department issued equipment and supplies upon leaving or being terminated from the department. I have read, understand and by my signature consent to these statements.

PLEASE NOTE:

If you are 12-17 years old and applying as a cadet or junior, parental consent is accepted with their signature below.
Any unsatisfactory grades will result in an individual not being allowed to take part in Fire Department functions.

Print Name of Applicant: _____ Signature of Applicant: _____ Date: _____
Print Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____ Date: _____

OFFICIAL USE ONLY

APPROVE: ☐ DENY: ☐ Date Interviewed: _____ Date Proposed: _____
Applicant accepted on: _____ Applicant rejected on: _____ Membership Chairperson: _____