



# 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 or type the required information.
3. Resumes are accepted only as a supplement to the membership application.
4. Use blank paper if you do not have enough room on this application.
5. Applications without a signature and application fee will not be accepted.

**POSITION:** (Please mark the position(s) you are interested in providing volunteer service.)

Active Firefighter

Support Member

Junior Firefighter (16 & 17 year olds)

### PERSONAL INFORMATION

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

### EMERGENCY CONTACT INFORMATION

Name	Relationship
Day Phone Number	Evening Phone Number

214 WEST FIRST STREET | BIRDSBORO, PENNSYLVANIA 19508  
 P 610-582-0058 | F 610-582-8083  
[WWW.BUFD7.COM](http://WWW.BUFD7.COM)

### 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

If you answered yes, explain:

### DRIVING RECORD

Do you have a valid Pennsylvania driver's license?  Yes  No

If not PA, what state of license: \_\_\_\_\_ Operator's License #: \_\_\_\_\_

Class of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### EMPLOYER INFORMATION

Employer	Employer Phone Number

### Education

Institution Type	Name and Location	Years Completed
High School		
College		
Other		

### REFERENCES (LIST THREE REFERENCES WITH AT LEAST ONE BEING A NON-RELATIVE)

Name	Address	Phone
1.		
2.		
3.		

### CRIMINAL HISTORY

Have you ever been convicted of any crime? Include misdemeanors, traffic offenses and/or felonies

Yes  No

*Affirmative answers do not necessarily disqualify the applicant from consideration for volunteer service.*

*Convictions will only be considered to the extent they are deemed related to the duties of membership.*

If you answered yes, please explain:

**PUBLIC SAFETY ORGANIZATION INFORMATION**

Why do you wish to become a member of this department?

How were you referred to this department?

Are you presently or have you ever been a member or an employee of any fire, rescue, EMS or emergency service agency?       Yes       No

If so, what agency(s)?

Are you a member of any other community service organization?       Yes       No

If so, what organization(s)?

**QUALIFICATIONS, SKILLS, & TRAINING**

List any fire, rescue, EMS and/or emergency management training, experience and certifications you currently hold. Include expiration dates and certifying state, department or agency. Please attach copies of your certification to this application.

Do you have or foresee any problems with heights, using self-contained breathing apparatus (SCBA) or possibly being confined to small places for lengthy periods of time?       Yes       No

If you answered yes, explain:

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

**CERTIFICATION AND AGREEMENT (PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING)**

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 consent to the release of any or all medical information as may be deemed necessary to judge by capacity to do the work for which I am applying.

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 understand that if my application is approved, there will be a six (6) month probation period, and if my performance is not as expected by the department within that period, I may be discharged by the line officers of the department without recourse.

I understand that I will be required to attend the minimum amount of training sessions per month and dispatched incidents per quarter as required by the department standard operating guidelines. Also, any other department function that I am available for.

If I fail to meet these obligations, I realize that my membership may be subject to disciplinary actions, including suspension or termination.

I have read, understand and by my signature consent to these statements.

**PLEASE NOTE:**

If you are the age of 16 or 17 and applying for consideration as a Junior Firefighter, parental consent in writing must be on file with the Department before your application will be accepted. Also, any unsatisfactory grades will result in an individual not being allowed to take part in Fire Department functions as we feel that your education must come first.

Signature of Applicant	Printed Name of Applicant
Date Application Submitted	

<b>OFFICIAL USE ONLY</b>	
<b>APPROVAL / DISAPPROVAL</b>	
Application received by: _____	Date: _____
Date Interviewed: _____	Date Proposed: _____
Application accepted on: _____, 20____ as a member of the Birdsboro-Union Fire Department in a capacity of: <input type="checkbox"/> Active Firefighter <input type="checkbox"/> Support Member <input type="checkbox"/> Junior Firefighter	
Application rejected on: _____, 20____.	
Comments: _____	
Membership Chairperson: _____	
President: _____	
Fire Chief: _____	
<i>This application for membership will remain active for a period of 30 days.</i>	