



TELFORD VOLUNTEER FIRE COMPANY

400 West Broad Street
Telford, PA 18969

Active Membership Information Packet

Dear Applicant,

Thank you for your interest in joining the Telford Volunteer Fire Company as an as an Active Member. (Firefighter/Fire police) Listed below are the documents that are required to be filled out and handed in to start the application process. After these forms are completed by you, they can be turned in on any Tuesday night at the Fire Station after 7PM or given to any fire company member who will make sure they are submitted. After your forms are submitted, you will be contacted to schedule an informal applicant interview with several Telford Fire Company members. Following your interview the application is then presented for consideration at our next scheduled Monthly business meeting. (Normally held the second Tuesday of each month.)

If you have any Questions about the application process please do not hesitate to ask any of our members or email us at secretary@telfordfireco.com so we can help you with any of your questions. Once again we thank you for your interest and look forward to having you join us as a member of our company.

Active membership application process checklist

- 1.) Complete the "Proposition for Active Membership" application packet. Make sure to include a photocopied drivers license (front and back).
- 2.) Complete "Authorization to Release Information" form. The information on this form will be used by the Telford Fire Company to submit a criminal background check on an applicant. **(NOTE:** the presence of a criminal background does not necessarily disqualify you from membership in the company)
- 3.) Complete the "Physical Examination" form. This form must be signed by a physician stating that the applicant is physically able to perform firefighting duties and essential job functions.
- 4.) The applicant must apply for a Child Abuse History Clearance. This can be completed online, at no cost, by going to www.compass.state.pa.us/CWIS/Public/Home. From there click on "Create Individual Account, create your account and then follow the prompts to get your child abuse clearance. **(NOTE:** When applying for your clearance be sure to put in that it is for a volunteer organization.) Once completed, your approved clearance can be printed out and handed in along with the rest of the forms required for membership.

www.telfordfireco.com

Tel: 215.723.4428

Email: info@telfordfireco.com

Fax: 215.723.2408



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PROPOSITION FOR ACTIVE MEMBERSHIP

Please Check One: Fire Fighter Fire Police

Personal Information:

- A. Name of applicant _____
(last) (first) (middle)
- B. Home Phone No. _____ Cell Phone No. _____
- C. Present Address _____
- D. How long have resided there? _____ Years _____ Months
- E. Previous Address _____
- F. Date of Birth _____ G. Marital status (circle one) Single Married Separated Divorced
- H. Email Address _____
- I. Social Security Number of Applicant _____ - _____

Driver License Information:

- A. License Number _____ B. Address on present license _____
- C. Restrictions _____ D. Class (circle one) A B C E. Endorsements _____ F. Expiration Date _____

Employment Information:

- A. Present Employer _____ B. Employer's Phone No. _____
- C. Employer's Address _____
- D. Normal Working Hours _____ - _____ E. How long have you been employed there? _____

Emergency Information:

- A. Person to notify in the event of emergency _____
- B. Phone No. _____ C. List any Chronic ailment, Physical Disabilities, Major Surgeries and Prolonged Illness and date of same _____



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Emergency Information: (Continued)

D. Info. of family Physician: _____
(name) (address) (phone)

E. Date of last Physical _____ F. Doctor Performing Physical _____
Phone Number (____) _____

Criminal History Information:

A. Have you ever been arrested for any criminal activity? If so, list the arresting agency, nature of the incident and the final disposition of the said infractions. (excluding motor vehicle violations)

B. Do you have any pending criminal charges? _____

Prior Fire Fighting Experience:

A. Have you ever been a member of any other fire company YES NO

B. Name of fire company _____

C. list any or all firefighting credentials: _____

Services & Civic Organizations:

A. List any Services and/or Civic Organizations that you are presently a member of or have been a member of along with the date that you joined if applicable, the date of your termination,



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I the undersigned do hereby affix my signature claiming the information contained herein to be true and correct to the best of my knowledge and do understand that if any misrepresentation of facts contained herein will result in an immediate expulsion from the TELFORD VOLUNTEER FIRE COMPANY or whomever they may designate to have access to and/or have released to those persons any and all information regarding the contents of the application and that I freely relinquish the Telford Borough Police Department of any responsibility during their investigation of any past criminal activity and do willingly submit my fingerprints to the Telford Borough Police Department for both investigation and file purpose.

Whereas I further state that I accept any and all equipment designated to me as the equipment of the Telford Volunteer Fire Company and do fully understand that these items are my responsibility in so much as the maintenance and general care of this equipment is my responsibility. I further understand that this equipment is to be returned in its entirety upon my resignation or termination from the Telford Volunteer Fire Company.

Whereas I further state that I am aware that any consumption of any type of an intoxicating beverage at any function of the Telford Volunteer Fire Company before I am of the legal and mandatory age to consume same beverage will result in immediate expulsion from the Telford Volunteer Fire Company.

Whereas I do attest by my signature that I am aware as mandated by the By-Laws of the Telford Volunteer Fire Company that I attend all practice sessions meetings as so called for and that I present myself in a manner of respect and dignity to uphold the integrity of the Telford Volunteer Fire Company at all times.

Signature of applicant & date _____

Signature of spouse (if applicable) _____

Signature of sponsor & date _____



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AUTHORIZATION TO RELEASE INFORMATION

I, _____

_____	_____	_____
Last Name	First Name	Middle Name

_____	_____
Current Address	Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

_____	_____
_____	Dates of Residence:
_____	_____
_____	_____

_____	_____	_____
Date of Birth	Other Names Used (including maiden names)	Years Used

_____	_____	_____
Social Security Number	Driver's License Number	State

I do hereby authorize verification of all information in my application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensations records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records Inc. to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this authorization will be used exclusively by IntelliCorp Records Inc. for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application. I agree to provide additional information that may be requested to process my application. I authorize without reservation, any party or agency contacted by IntelliCorp Records Inc. to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications.

I have the right to make a request to IntelliCorp Records Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records Inc. has previously furnished within the two-year period preceding my request.

I understand and agree that any Omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment.

_____	_____	_____
Printed Name	Applicant Signature	Date

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ACVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY FO THE INFORMATION CONATAINED HEREIN.



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PHYSICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTING

NAME: LAST FIRST MI

DATE OF BIRTH

CONTACT PHONE NUMBER

***For the medical professional conducting the examination:* The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required for all active firefighters and drivers.**

This medical examination must be completed by a physician, surgeon, or physician's assistant per ch. 458; or an osteopathic physician, surgeon, or physician's assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

Examination should include but is not limited to:

Dermatological system, Cardiovascular system
Blood pressure (NFPA Max > 160/90)
Respiratory system

Ears, eyes, nose, mouth, throat
Musculoskeletal system

For the medical professional conducting the examination to complete: (Sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter operations & training.

Signature _____

Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for fire fighter operations & training.

Signature _____

Completion Required (please print)

Name of signature: _____ Date signed: _____

Office Telephone number: _____

Office address: _____

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Essential Job Tasks and Descriptions from NFPA 1582, 2013 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve-type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft, which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus (DOT class b license equivalent and transporting six plus firefighters) or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

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