



# TELFORD VOLUNTEER FIRE COMPANY

400 West Broad Street  
Telford, PA 18969

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## Associate Membership Information Packet

Dear Applicant,

Thank you for your interest in joining the Telford Volunteer Fire Company as an Associate Member. 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 to 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](mailto: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.

### Associate membership application process checklist

- 1.) Complete the "Proposition for Associate Membership" application packet.
- 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.) 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](http://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.



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## PROPOSITION FOR ASSOCIATE MEMBERSHIP

### 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. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- H. Email Address \_\_\_\_\_
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### Driver License Information:

- A. License Number \_\_\_\_\_ B. Address on present license \_\_\_\_\_
- C. Restrictions \_\_\_\_\_ D. Class (circle one) A B C
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### Employment Information:

- A. Present Employer \_\_\_\_\_ B. Employer's Phone No. \_\_\_\_\_
- C. Employer's Address \_\_\_\_\_
- D. Normal Working Hours \_\_\_\_\_ - \_\_\_\_\_ E. How long have you been there? \_\_\_\_\_
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### Emergency Information:

- A. Person to notify in the event of emergency \_\_\_\_\_
- B. Phone No. \_\_\_\_\_



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## PROPOSITION FOR ASSOCIATE MEMBERSHIP

### 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)

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B. Do you have any pending criminal charges? \_\_\_\_\_

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### 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 any and 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 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.**