



# TELFORD VOLUNTEER FIRE COMPANY

400 West Broad Street  
Telford, PA 18969

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## Junior Membership Information Packet

Dear Applicant,

Thank you for your interest in joining the Telford Volunteer Fire Company as a Junior Firefighter. 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.

### Junior membership application process checklist

- 1.) Complete the "Application for Junior Membership" application packet. Make sure to include a photocopied drivers license (front and back). If you do not have a drivers license then only the application and other forms are required.
- 2.) Attach a photocopy (front and back) of your working papers from the school district that you are currently attending. If you do not have working papers you must obtain them from your school district.
- 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.) Attached are the By-laws for Junior Firefighters. Make sure that you and your parents/guardians thoroughly read them before handing in your application.



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## APPLICATION FOR JUNIOR 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 \_\_\_\_\_ 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 \_\_\_\_\_

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### School Information

- A. Current Grade Level \_\_\_\_\_ B. Current Grade Point Average \_\_\_\_\_
- C. School Attending \_\_\_\_\_
- D. Counselor's Name \_\_\_\_\_ E. Counselor's Phone Number \_\_\_\_\_
- F. Normal School Hours: \_\_\_\_\_ to \_\_\_\_\_
- G. Do you participate in any after school activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list activities Below.
- \_\_\_\_\_
- \_\_\_\_\_



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## APPLICATION FOR JUNIOR MEMBERSHIP

### 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. In case of emergency notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

B. List any Chronic ailment, Physical Disabilities, Major Surgeries and Prolonged Illness and date of same.

\_\_\_\_\_  
\_\_\_\_\_

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

E. Date of last Physical \_\_\_\_\_ F. Doctor Performing Physical \_\_\_\_\_

G. Phone Number ( ) \_\_\_\_\_



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## APPLICATION FOR JUNIOR MEMBERSHIP

### **Criminal History Information:**

A. Have you ever been arrested for any criminal activity? If so, list the arresting agency, date, and nature of the incident. Along with an explanation of the outcome of the charges filled. (excluding motor vehicle violations)

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

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### **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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## APPLICATION FOR JUNIOR MEMBERSHIP

### Legal Information

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 any misrepresentation of facts contained herein will result in an immediate expulsion from the Telford Volunteer Fire Company. Whereas I further state that I accept any and all equipment of the Telford Volunteer Fire Company. I also understand that said equipment are items that are my responsibility in so much as the maintenance and general care and must be returned in its entirety upon my resignation or termination from Telford Volunteer Fire Company. I further state that I am aware that any consumption of any type of alcohol beverage at any function of the Telford Volunteer Fire Company before I am of legal age will result in my 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 and all training drills and company meetings, except as restricted by the By-laws governing Junior Firefighters, that I present myself with respect and dignity to uphold the integrity and professionalism of the Telford Volunteer Fire Company. I also state that I have thoroughly read the "By-laws for Junior Firefighters" attached to this application and the same were reviewed by my parents/guardians.

Signature of Junior applicant & date:

\_\_\_\_\_

Signature of Sponsor & date:

\_\_\_\_\_

Signature of Parent/Guardian & date:

\_\_\_\_\_

### Release

I, the undersigned, do state that by my signature I permit the administrative leader for the Junior Firefighters to contact my school counselor and the counselor may release information on my grades and conduct in school. When such information is released, the administrative leader shall keep this information confidential.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

As parents/guardians of \_\_\_\_\_, we authorize the administrative leader for Junior Firefighters to contact the school counselor and the counselor may release information on our son/daughter's grades and conduct in school. We understand that the administrative leader will keep this information confidential.

Parents/Guardians signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_



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## PHYSICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTERING

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: \_\_\_\_\_

[www.telfordfireco.com](http://www.telfordfireco.com)

Tel: 215.723.4428

Email: [info@telfordfireco.com](mailto:info@telfordfireco.com)

Fax: 215.723.2408



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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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