



GOODWILL Fire Company No. 1

P.O. Box 9 • 719 Cooke Ave. • Glenolden, PA 19036-0009

• (610) 583-3982 •

Serving Darby Township since 1920

APPLICATION FOR MEMBERSHIP

Applicants for position of Probationary Member must be 14 years of age or older as of the date of application.

You must provide a valid Pennsylvania driver's license or proof of identity and residence.

All appointments are probationary for a period of 12 months.

During these 12 months you must demonstrate your fitness for membership as outlined in the Company By-Laws.

Probationary membership is contingent upon the results of a complete background investigation.

The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.

All applicants must agree to these terms and certify that all statements are true to the best of their knowledge.

Your signature on this application indicates such agreement.

Your application can be mailed to the membership committee at the address above

An Equal Opportunity Agency

We are an equal opportunity association and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference or status as a disabled veteran.

The Membership Committee will contact you for an interview.

Annual dues of \$10.00 are due with your application.

Include a check or MO if mailed made payable to GOODWILL Fire Company No. 1.

Cash only accepted if your application is submitted in person.

Please read carefully and then type or print your responses.

Retain a copy for your records.

D. EMPLOYMENT

Current employer: _____

E. DRIVER INFORMATION

License #: _____ State: _____ License class: _____ Restrictions: _____

Any violations in the last 3 years? YES / NO

If YES, please explain. _____

NOTE: A copy of your current license must be provided with your application.

F. MEDICAL INFORMATION

Are you presently under medical care?: YES / NO

If YES, please explain: _____

If YES, can you provide, at the time of your interview, a written medical clearance affirming your ability to perform under the physical and emotional conditions of an emergency responder?: YES / NO

If NO, please explain: _____

G. REFERENCES

List 3 people, who are not relatives, are familiar with you and have known you for at least 5 years.

Name: _____ Phone #: () _____

Address: _____

Name: _____ Phone #: () _____

Address: _____

Name: _____ Phone #: () _____

Address: _____

Referring GOODWILL Fire Company No. 1 member:

Name: _____

H. AUTHORIZATION

I, _____, THE UNDERSIGNED, DO HEREBY
First, middle, last

AUTHORIZE THE GOODWILL FIRE COMPANY NO. 1 TO CONDUCT A COMPLETE BACKGROUND INVESTIGATION ON ME AS A CONDITION OF MY APPLYING FOR MEMBERSHIP.

I FURTHER AGREE THAT THE COMPANY MAY USE THE INFORMATION IT OBTAINS CONCERNING ME WHEN THERE IS A MEDICAL EMERGENCY INVOLVING ME. I UNDERSTAND HOWEVER, THAT THE GOODWILL FIRE COMPANY NO. 1 INTENDS TO PROTECT THE CONFIDENTIALITY OF PERSONAL INFORMATION IT OBTAINS CONCERNING ME.

APPLICANT'S SIGNATURE: _____

DATE: _____

I. PARENTAL CONSENT

NOTE: THIS SECTION MUST BE COMPLETED IF APPLICANT IS UNDER 18 YEARS OF AGE AND MUST BE SIGNED IN THE PRESENCE OF A REPRESENTATIVE OF THE MEMBERSHIP COMMITTEE OR BOARD OF DIRECTORS.

AS PARENT/LEGAL GUARDIAN, I HEREBY GIVE MY PERMISSION FOR

TO BECOME A MEMBER OF THE GOODWILL FIRE COMPNAY NO. 1.

SIGNATURE OF PARENT/LEGAL GUARDIAN & DATE

NOTE: WORKING PAPERS MUST BE SUPPLIED BY MINORS NAMING GOODWILL FIRE COMPANY NO. 1 AS THE EMPLOYER.

ADMINISTRATION USE ONLY	
Date submitted: _____	Dues paid date: _____
Medical clearance required: YES / NO	Provided date: _____
Background investigation submitted date: _____	Received: _____
License provided: YES / NO	Working papers required: YES / NO Provided: YES / NO
Interview date: _____	Board approval: YES / NO
Membership vote date: _____	Membership approval: YES / NO
Board member signature of approval/rejection: _____	