

Application for Membership

Union Fire Company No. 1
35 West Louther Street
Carlisle, PA 17013

Date Submitted: _____ / _____ / _____

Fee: \$10.00 / Paid: Yes ___ No ___

Personal Information:

Name: _____ Phone Number: (____)-____-_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B.: ____-____-____ Social Security Number: ____-____-_____

Driver's License Number: ____-____-____ Class: ____ Expires: ____/____

Emergency References

Emergency Contact Name: _____ Relationship: _____

Phone Number: (____)-____-____ Blood Type: ____ Organ Donor: YES ___ NO ___

Address: _____ City: _____ State: ____ Zip: _____

Physician's Name: _____ Phone Number: (____)-____-_____

Allergies: _____

Medications: _____

Religion: _____

Blood Type: ____ Organ Donor: YES ___ NO ___

Past Medical History: _____

Background Information:

1. Have you ever been charged of any crimes? YES ___ NO ___

2. Have you ever been convicted of any crimes? YES ___ NO ___

(If yes to either/both of the above, please list on a separate sheet of paper and attach in a sealed envelope.)

3. List three (3) references that are not relatives:

3-1. Name: _____ Phone Number: (____)-____-_____

Address: _____ City: _____ State: ____

Occupation: _____ Years known: ____

3-2. Name: _____ Phone Number: (____)-____-_____

Address: _____ City: _____ State: ____

Occupation: _____ Years known: ____

3-3. Name: _____ Phone Number: (____)-____-_____

Address: _____ City: _____ State: _____

Occupation: _____ Years known: _____

Your Membership

1. Are you now, or have you ever been, a member of any other emergency service organization? YES___ NO ___

(If yes, please list: _____)

2. Has any disciplinary action been taken against you in any emergency service organization? YES___ NO ___

(If yes, please list: _____)

3. May we contact the emergency service organizations listed above? YES ___ NO___

4. Have you experienced any serious injury or illness in the past five years which could affect your ability as a fire fighter? YES___ NO ___

(If yes, please list: _____)

5. Briefly explain why you wish to become a member of the Union Fire Company.

6. Membership Type: (Active, Social, Junior) _____
(Residency within 1st, 2nd, or 3rd due area required for Active.)

PLEASE ATTACH ANY TRAINING CERTIFICATES.

I hereby submit my application for membership with the Union Fire Company No. 1. I understand that the Company may perform background checks. I authorize the results of that investigation be presented to the members of the Company when my application is evaluated for membership. I am including a \$10.00 non-refundable fee along with my application. I further certify that all information provided is true to the best of my knowledge and any misstatement will be sufficient cause for dismissal from consideration for membership.

This application must be accompanied by a state police background check from the state in which the applicant resides. Pennsylvania applicants can access the background check here: <https://epatch.state.pa.us/>

Applicant's Signature

Date

If under 18, working papers MUST accompany this application.

1. Name & Signature of Member in good standing: _____

2. Name & Signature of Member in good standing: _____

All fields must be completed. If the application is not complete, it will be rejected and returned.