

HARLEYSVILLE COMMUNITY FIRE COMPANY

Proudly Serving Lower Salford,
Franconia Townships and the
surrounding communities since 1922.



Our objectives:

Shall be the preservation and protection of life and property from and during fires or disasters that may arise, and to teach and practice fire prevention and fire safety.

Prospective members must:

1. Complete this application.
2. Be at least 14 years of age (junior firefighters) or 18 years of age (firefighters, fire police, associate membership).
3. Live or work in the coverage area.
4. Pass all applicable background checks.
5. Receive a recommendation from the Board of Directors.
6. Be elected by 2/3 of the eligible voting members.
7. Complete a probationary period.
8. Meet and maintain minimum standards per our by-laws and SOG's.

Fire Service Experience

Have you ever been an active member here or any other fire department/emergency service? Yes No
If so, please give the name(s) of the departments, city, state and dates of membership(s):

**** You must include copies of ALL certifications received from previous fire dept/emergency services.****

Have you ever been suspended or separated from another fire dept/ emergency service? Yes No
If you answered yes, please explain the reason for suspension/separation: _____

Work / Military / Education History

Work:

Current Employer: _____

Employer Address: _____

Employer Phone #: _____ Occupation: _____

Name of Supervisor: _____ Years Employed: _____

Please list your last 3 employers and length of time employed:

1. _____
2. _____
3. _____

Military:

Branch of Service: _____ Dates of Service: _____ to _____

Education: (please list school name, city, state, years attended and degree received)

High School: _____

College: _____

Other: _____

Personal References

List 3 persons not related to you that you have known for more than 1 year. Only one may be a member of Harleysville Fire Co.

Name: _____
(phone number) (years known)

Name: _____
(phone number) (years known)

Name: _____
(phone number) (years known)

General Information

**** THIS SECTION MUST BE SIGNED BY ALL APPLICANTS ****

I hereby certify that the above information contained herein is true, accurate and complete to the best of my knowledge. I understand that should any information provided, or by omission, prove false, misleading, or erroneous, my application may be delayed or rejected. I understand that if accepted, I will follow all directives and orders as issued in accordance with the by-laws and SOG's of the company. I consent to the release of information about my ability or background by employers, schools, law enforcement agencies, and other individuals and organizations to the members of the **Harleysville Community Fire Company**. I also release the **Harleysville Community Fire Company** from any and all liabilities regarding the execution of my background investigation.

(Signature of Applicant)

(Date)

******* THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS UNDER THE AGE OF 18 *******

I hereby certify that I am the Parent of Legal Guardian of the Applicant and that the above named individual has my permission to apply for membership and participate in fire activities with the **Harleysville Community Fire Company** although he or she is under the of 18 at the time.

(Signature of Parent/Legal Guardian)

(Date)

**** FOR DEPARTMENTAL USE ONLY ****

Application Received By: _____ Date: _____

Interviewed By: _____ Date: _____

Reference Check Conducted By: _____ Date: _____

Background Check Conducted By: _____ Date: _____

Member Introduced At Business Meeting? Yes No Date: _____

Member Attended New Member Meeting? Yes No Date: _____

Membership Recommended? Yes No _____
(Signature of Board Chair and Date)

Probationary Membership Approved? Yes No _____
(Signature of President and Date)

Full Membership Approved? Yes No _____
(Signature of President and Date)