

# Ellsworth Volunteer Fire Company

*The Fighting 38, Ever Willing, Ever Ready*

20 South Main Street  
Post Office Box 512  
Ellsworth, Pennsylvania 15331  
724-239-3074

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

## Membership Request

Please complete all information that is requested. If a question does NOT apply to you answer with NA  
**Type of Membership**

Firefighter(18 years or older)\_\_\_\_\_ Auxiliary(18 years or older)\_\_\_\_\_ Junior Firefighter(14-17 years old)\_\_\_\_\_

### **Personal Information**

First Name\_\_\_\_\_ Middle Name\_\_\_\_\_ Last Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_ Social Security Number\_\_\_\_\_

Race(optional)\_\_\_\_\_ Maiden Name\_\_\_\_\_ Aliases\_\_\_\_\_

Are you a High School Student? Y\_\_\_\_N\_\_\_\_ Year of Graduation?\_\_\_\_\_

**IF YES YOU MUST SUBMIT WORKING PAPERS WITH THIS APPLICATION**

Current Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone Number\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ Cell\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

Drivers License number\_\_\_\_\_ State of issue\_\_\_\_\_

### **Experience**

**(ATTACH COPIES OF ALL CERTIFICATIONS)**

Are you currently a member of any other fire department? Y\_\_\_\_N\_\_\_\_

If so, provide the following: Station Name\_\_\_\_\_

Chiefs Name and Telephone Number\_\_\_\_\_

Are you a former member of any other fire department? Y\_\_\_\_N\_\_\_\_

If so, provide the following (attach an additional page if more than one department)

Station Name\_\_\_\_\_

Chief's Name and Telephone Number\_\_\_\_\_

**Current Employer**

(if employed for less than (2) years attach additional pages of all employers, supervisor names and phone numbers for the past 2 years)

Company Name \_\_\_\_\_

Supervisor name and phone number \_\_\_\_\_

**References**

Please provide 3 non-family member references

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ Years Known \_\_\_\_\_

**Background Information**

Have you ever been convicted of a crime, including traffic violations? Y \_\_\_\_\_ N \_\_\_\_\_ if so, please explain and include dates \_\_\_\_\_

Have you ever used illegal drugs? Y \_\_\_\_\_ N \_\_\_\_\_ if so, please explain and include the date of last use \_\_\_\_\_

Have you ever had your drivers license revoked or suspended for any reason? Y \_\_\_\_\_ N \_\_\_\_\_ if so, please explain \_\_\_\_\_

Have you ever been suspended or expelled from any other fire department? Y \_\_\_\_\_ N \_\_\_\_\_ if so, please explain \_\_\_\_\_

**Vehicle Information**

(if you will use a courtesy blue light, 18 years of age or older. Attach additional pages if needed)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

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## Understandings

Please **initial** all lines.

\_\_\_\_\_ I understand that my references will be called to gather information on myself to help determine suitability for membership in the Ellsworth Volunteer Fire Department.

\_\_\_\_\_ I understand that I am subject to a criminal background check to help determine suitability for membership in the Ellsworth Volunteer Fire Department.

\_\_\_\_\_ I understand that I am subject to a Department of Motor Vehicle Record check to help determine suitability for membership in the Ellsworth Volunteer Fire Department.

\_\_\_\_\_ I understand that I am subject to a financial background check to determine suitability of handling money for fund-raising events.

\_\_\_\_\_ I understand that if accepted for membership that I will receive property of the Ellsworth Volunteer Fire Department, and when terminating my membership the property will be due back to the Ellsworth Volunteer Fire Department with in 10 days of termination or legal action will be taken.

\_\_\_\_\_ I understand that if accepted for membership I will be required to participate in fund-raising events, including but not limited to selling of tickets, working fund-raising events and fund drives.

\_\_\_\_\_ I understand that if accepted for membership as a firefighter I must participate in training sessions to ensure the safety of myself, the safety of fellow firefighters, and the safety of the community

\_\_\_\_\_ I understand that if accepted for membership I will be on a probationary status for the period of one year, in which my membership may be terminated, for any reason, by the members of the Ellsworth Volunteer Fire Department.

\_\_\_\_\_ I understand that the Ellsworth Volunteer Fire Department does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age or disability, for any reason at all

\_\_\_\_\_ I understand that if I fail to participate in the said activities and or respond to alarms I may be requested to turn my equipment back in to the department so it may be provided to other members.

\_\_\_\_\_ I understand that being a member of the Ellsworth Volunteer Fire Department is a privilege, not a right, therefore I will obey all orders of the officers and understand that I may be reprimanded for failing to do so.

\_\_\_\_\_ I understand that if my application is rejected by the members of the Ellsworth Volunteer Fire Department for any reason at all, I must wait a minimum of 12 months before submitting another application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if applying for Junior Firefighter)

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Application received by \_\_\_\_\_ Date \_\_\_\_\_

**Fire Department use only**

Investigating Officer 1 \_\_\_\_\_

Investigating Officer 2 \_\_\_\_\_

Investigating Officer 3 \_\_\_\_\_

Date Criminal Background Check Completed? \_\_\_\_\_

Date Financial Background Check Completed? \_\_\_\_\_

Date Department Motor Vehicle Check Completed? \_\_\_\_\_

Comments on investigation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Investigation Committee recommend acceptance of this applicant?

Y \_\_\_\_\_ N \_\_\_\_\_

Date of First Reading \_\_\_\_\_

Date of Second Reading \_\_\_\_\_

Voting Results Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_

Date Oath taken \_\_\_\_\_

Probation Expires on \_\_\_\_\_

Membership Terminated on \_\_\_\_\_

Eligible to reapply after 12 Months? Yes \_\_\_\_\_ No \_\_\_\_\_

