

MEMBERSHIP
APPLICATION PACKET

*South Williamsport
Fire Department*

573 Hasting Street, South Williamsport PA
17702-7690

Phone: 570.326.4167 ♦ Fax: 570.326.1529

Received: _____

Approved: _____

MEMBERS CODE OF CONDUCT

As a member of this company, a common goal I share with the other members of this company is a commitment to my fellow members and to protect and serve the community to the best of my abilities. I therefore commit to the following:

- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member. I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate to you appropriately.
- I will establish and maintain a relationship of functional trust with you and every other member. My relationship with each of you will be equally respectful, regardless of titles or label of education.
- I will not engage in the “**3 B’s**” (*bickering, back-biting, and bitching*) and will ask you not to as well.
- I will not complain about another member, and ask you not to do so as well. In the event that I hear you do so, I will ask you to talk to that person.
- I will accept you as you are today, forgive past problems and ask you do the same with me.
- I will be committed to finding solutions to problems rather than complaining about them or blaming someone for them, and ask you to do the same.
- I will remember that neither of us are perfect, and that human errors are an opportunity, not the shame of guilt, but for forgiveness and growth.

During your six (6) month probationary period, you should attend as many incidents as possible providing you meet the training level requirements. You should also attend all fund raising, meetings, work nights and training sessions that you can. At the meetings you attend, you are welcome to express your opinion and make comments, but you may **not** vote on any issue, make a motion or second any motion. You must abide by the Company By-Laws and Department Standard Operation Procedures. If you are unable to attend any of the company functions due to your work schedule, please inform us.

At the end of the six (6) months probationary period, the Membership Committee will review your application and participation level. A recommendation will be made at a regular Company meeting to: **[a]** accept you as a full member **[b]** continue your probation for an additional six (6) months **[c]** terminate your membership. If you are accepted as a full member, you will then have all of the privileges of the members. These include the right to vote, hold office, make and/or second motions.

The Membership Committee

REMEMBER

YOU ARE A REFLECTION OF THE COMPANY AND THE ENTIRE MEMBERSHIP.

HELP KEEP A GOOD COMPANY TO BELONG TO!

APPLICATION FOR MEMBERSHIP

SOUTH WILLIAMSPORT FIRE DEPARTMENT

(Please type or print all information legibly in ink)

To the members of **South Williamsport Fire Department**, South Williamsport, Pennsylvania:

I, _____ hereby apply for *(circle appropriate category)* **ACTIVE EMERGENCY RESPONDER, ACTIVE ASSOCIATE, AFFILIATE, SOCIAL, LIFE, HONORARY, or JUNIOR** membership in the South Williamsport Fire Department. I am a citizen of the United States of America and of good character and good standing. I shall abide to all of the by-laws and standard operating procedures of this organization and the South Williamsport Fire Department. I hereby certify that all of my statements are true and correct within this application.

Date: _____, **20** _____

Name: _____

Last

First

Middle

I am between the ages of 18 and 65 years Yes No Maiden Name: _____

Juniors: Age 16 thru 17 years: Yes No

Birth Date: _____ Male or Female: _____

Month

Day

Year

Social Security Number: _____ Race: _____

Address: _____

Phone Number: [_____] _____

Occupation: _____

Employer: _____

Address: _____

PAST TWO EMPLOYERS

Name/Address: _____

Ph: _____

Name/Address: _____

Ph: _____

REFERENCES (other than relatives). **MUST LIST THREE (3).**

<i>Name</i>	<i>Address</i>	<i>Phone#</i>
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<i>Name</i>	<i>Address</i>	<i>Phone#</i>
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<i>Name</i>	<i>Address</i>	<i>Phone#</i>
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List **ALL** fire and/or EMS organizations that you have been associated with, including any present association. Use additional sheet of paper if necessary.

<i>Name</i>	<i>Address</i>	<i>Phone#</i>
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<i>Name</i>	<i>Address</i>	<i>Phone#</i>
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<i>Name</i>	<i>Address</i>	<i>Phone#</i>
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Have you ever been convicted of any misdemeanor or felony crimes? YES NO If yes, please explain, when and why. Use additional sheet of paper if necessary.

DRIVER'S LICENSE INFORMATION

Operator's Number: _____ State _____

Class: _____ Expiration Date: _____

Have you ever been convicted of any traffic violations? YES NO If yes, please explain. (Use additional sheet of paper if necessary).

NONDISCRIMINATORY POLICY

It is a policy of **South Williamsport Fire Department** to provide equal membership opportunities for all applicants and members regardless of age, sex, race, color, religion, sexual preference, natural origin, or disability. In keeping with the nondiscriminatory practice, the Company will comply with all Federal, State, and local laws, orders and regulations.

We intend to be free of discriminatory practices in all matters related to recruitment, acceptance for membership, training, promotions, committee assignments, social and recreational activities and all treatment while on duty or on station.

The President will have the overall responsibility for this policy. The cooperation and assistance of all officers, business and fire service is required to meet this objective. The Company will continue its commitment to equal opportunity by providing equal participation of all prospective and current members in opportunities available here.

PRIVACY ACT WAIVER

By affixing my signature below, I do hereby waive all my rights under the privacy act.

I am of total understanding that all records of convictions or other information, if any relative to my application for membership that are received through this background investigation will be provided to Administrative Officers (President, Vice President, Chief and Assistant Chief) as well as to the members of the membership committee. Additionally, the information will be provided to the voting membership prior to the vote being cast to accept or deny my application for membership.

I do acknowledge that I will be afforded the opportunity to comment on any or all of the background information that is presented. Similarly, I may choose not to comment on any or all of the material presented prior to the vote being cast.

I do hereby sign this waiver voluntarily and without duress (pressure).

Signature (Use Full Name)

Date

AUTHORIZATION AND WAIVER

I hereby authorize the release by any person, Corporation, organization, agency or law enforcement agency, of any and all information requested to the South Williamsport Fire Department, any Criminal Justice Agency or to any other person designated by the South Williamsport Fire Department. I further release the provider of information from any and all liability whatsoever for providing said information.

I understand and acknowledge that any information obtained as a result of this release may be disseminated to the Administrative officers and Membership committee and to the membership of South Williamsport Fire Department. With my signature below I waive the rights I may have to limit or prohibit said dissemination, and release all parties involved from any release or dissemination of the above information.

I understand and acknowledge that I will be notified in writing of any information of a criminal history that will be presented and that I may, if I so choose, comment in writing on the criminal history information to the Membership committee.

This authorization is signed freely and voluntarily and without duress (pressure).

Signature (Use Full Name)

Date

MEDICAL INFORMATION

This form must be completed in its entirety to the best of your ability. It is your responsibility to notify a member of the Membership committee should changes occur that require that this information be updated.

Name (Last, First, MI): _____

Address: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACTS (2): (NAME/RELATION/HOME PHONE/WORK PHONE)

1 _____

2 _____

Employer: _____

Address: _____

Supervisor: _____ Phone: _____

PERTINENT MEDICAL HISTORY

Such as high blood pressure, heart problems, respiratory problems, seizures, diabetic, cancer, transplants or any other significant health problems. (Please enter none if you have no medical history).

Are you currently under a physician's care for any medical problems? YES NO

Physician: _____ Phone: _____

Surgeon: _____ Cardiologist: _____

Blood Type: _____ Date of last tetanus shot: _____

Allergies (enter none if none): _____

Current Medications: _____

THE INFORMATION GAINED FROM THIS RECORD WILL NOT BE GIVEN OUT EXCEPT IN AN EMERGENCY INCIDENT.

WHAT IS HEPATITIS-B?

Hepatitis-B is a viral infection that can cause severe and irreversible damage to the liver. Exposure to viruses through infected blood and other body fluids can occur by (a) needle sticks or cut with a sharp object, (b) splashes in the eye, nose or mouth or on open sores.

Because we as rescuers and emergency care providers, are at risk to possible exposure of this viral infection. The South Williamsport Fireman's Relief Association will provide the means for you to get this vaccination.

If you wish to NOT receive this vaccination, please read and sign the form below.

WAIVER FOR REFUSAL TO TAKE THE HEPATITIS-B VACCINATION

I, _____ do hereby waive any and all claims or causes of action, which I may have against the South Williamsport Fire Department, the three (3) South Williamsport fire companies, or their officers, the Borough of South Williamsport, or any of the agents or employees of the South Williamsport Fire Department, on account of or because of my contracting Hepatitis-B sometime in the future by virtue of my refusal to take the Hepatitis-B vaccines provided by the South Williamsport Fire Department, of the Borough of South Williamsport, Pennsylvania.

By signing this waiver, I (the undersigned), acknowledge the Hepatitis-B shots have been offered to me, and after being informed of the possible health hazards for refusing to take same, nevertheless, I have knowingly so refused.

Signature: _____

Date: _____

WORKMAN'S COMPENSATION CLAIMS

Any and all injuries that occur while engaged in Fire Company activities must be reported to an officer of the Company. Injuries that occur at an incident or training must be reported to a fire officer. Injuries that occur while at the Station or during a fund raising event must be reported to a Business officer.

Failure to report the claim in a timely fashion may result in Workman's Compensation denying a claim for payment of the treatment and possible loss of wages from your paid job, thus causing you to pay these fees and costs out of your OWN POCKET!

Even if you do not receive immediate medical treatment for the injury, you must report it and file a Workman's Compensation form. This is done so that in the event that the condition worsens, it will still be covered.

I understand the above information.

Signature: _____ Date: _____

South Williamsport Fire Department Alcohol and Controlled Substance Policy

No member of the South Williamsport Fire Department shall respond to an incident if the member has consumed alcoholic beverages or taken a drug listed in the Controlled Substance, Drug, Devices and Cosmetic Act (Act 64) of the Commonwealth of Pennsylvania within eight (8) hours preceding the incident.

No member, while engaged in a Department incident shall consume alcoholic beverages or partake of illegal drugs.

Officers of the companies of the South Williamsport Fire Department are responsible for the enforcement of this resolution and shall cause the removal from the fire ground or scene of the incident any member who has failed to comply, or is believed to have failed to comply with the provisions of this directive.

As a member of a company of the South Williamsport Fire Department, I understand the Operating Procedure involving the use of alcohol and illegal drugs currently enforced within the South Williamsport Fire Department.

Signature: _____ Date: _____

Officer Witness: _____ Date: _____

THE USE OF ALCOHOL OR CONTROLLED SUBSTANCES BY MEMBERS OF THE SOUTH WILLIAMSPORT FIRE DEPARTMENT RESPONDING TO INCIDENTS.