

Northern York County Fire Rescue & EMS, Inc.  
109 S. Baltimore St.  
Dillsburg, PA 17019  
717-432-3281

Request for Membership

Please print all information and check all appropriate lines.

Type of Membership being requested\*:

Active  Social  Junior (\*All memberships have a 6 month probationary period)

Area(s) of interest within the Department:

Fire/Rescue  Fire Police  Administrative  Fund-Raising  Other Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Employment Information:

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

References:

Please list three references that are familiar with your abilities as it applies to the Dept. Please no relatives.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all training and certifications which you presently hold, and/or any experience you may have. Use additional sheet if necessary.

Name: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

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Name: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Name: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Name: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Were you ever associated with an emergency services organization? Yes  No

Are you currently a member of an emergency services organization? Yes  No

If yes, then please list any Organization, whether volunteer or career, at which you served within the past ten years. Use additional sheet if necessary.

Organization: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Offices/Positions Held \_\_\_\_\_ Active? Yes  No

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Offices/Positions Held \_\_\_\_\_ Active? Yes  No

Organization: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Offices/Positions Held \_\_\_\_\_ Active? Yes  No

Background Checks needed: PA Child Abuse History Clearance and PA State Police Criminal Background Check  
Driver's License 10 year record (21 and over)

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Thank you for inquiring about joining our organization. Northern York County Fire Rescue is a great place to gain education, learn skills that will benefit you for a lifetime, enjoy a great variety of experiences, meet new friends and become a part of the family camaraderie felt within the company.

There are several different ways in which you can become involved here at NYCFR. If you are interesting in fire fighting, rescue or fire police, we can assist you in acquiring the training you need to respond on emergency calls. However, if this is not of interest to you, there are several other areas where we can always use the help. We need people to help with administrative and clerical duties, building and vehicle maintenance, fund-raising, public education, community events, etc. You control how much time you spend and where you get involved. Some families and friends will join together to share experiences, but maybe each in their own fields of interest.

Please complete the enclosed application and attach copies of any and all certificates and trainings that you may have. Prior to submitting the application, you must complete a Criminal Record Check and attach a copy of the response. Under "Reason for Request," check "Other" and fill in "Membership in Local Fire Company." You may apply online for a criminal record check; there is a \$10 fee. The link to go to is <https://epatch.state.pa.us/Home.jsp>. When the application is complete with all attachments, send it, along with the \$5.00 membership dues to the above address, or drop it off at the station, or bring it to a company meeting.

All applications for new members are presented at the regularly scheduled company meetings, which occur on the the 4th Tuesday of each month at 7:00 pm. Should you be accepted, you will enter into a probationary period of six (6) months. After successful completion of this period, you will then be brought up before the company to become a full active regular company member. As a company, we encourage all of our members to attend the monthly meetings, which are held in the Hall to the rear of the firehouse.

Please feel free to call and set up a time to take a walk through the building, or take the opportunity to talk with one of the Company officers to answer any questions you may have. We would be more than happy to answer any questions you may have, even prior to submitting your application for approval.

Once again, thank you for your interest and we look forward to hearing from you in the near future.

# Qualifications and Experience

Please list all training and certifications which you presently hold, and/or any experience you may have. Use additional sheet if necessary.

Name: \_\_\_\_\_ Date Obtained: \_\_\_\_\_  
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Were you ever associated with an emergency services organization? Yes \_\_\_ No \_\_\_

Are you currently a member of an emergency services organization? Yes \_\_\_ No \_\_\_

If yes, then please list any Organization, whether volunteer or career, at which you served within the past ten years. Use additional sheet if necessary.

Organization: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Offices/Positions Held \_\_\_\_\_ Active? Yes \_\_\_ No \_\_\_

Organization: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Offices/Positions Held \_\_\_\_\_ Active? Yes \_\_\_ No \_\_\_

Organization: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Offices/Positions Held \_\_\_\_\_ Active? Yes \_\_\_ No \_\_\_

I, \_\_\_\_\_, respectfully request membership in the Northern York County Fire Rescue and EMS Inc.. I agree to obey all rules and regulations set forth by the Company. I pledge to fulfill my assigned duties and responsibilities completely and to the best of my ability. I hereby acknowledge that, to the best of my knowledge, the information I have provided in this application is true and correct, and authorize the investigation of all statements/information contained herein.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(for applicants under age of 18)

DO NOT WRITE BELOW THIS LINE

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Date Application Received: \_\_\_\_\_ Dues Received: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Meeting Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason Denied \_\_\_\_\_

Probationary Start Date \_\_\_\_\_ Probationary End Date \_\_\_\_\_

Notified (how) \_\_\_\_\_ By \_\_\_\_\_

President Signature \_\_\_\_\_