

Plunketts Creek Township Volunteer Fire Department
327 Dunwoody Road, Williamsport, Pa. 17701
Phone 570-478-2001

COMPLETE APPLICATION
-- FOR PROBATIONARY MEMBERS --

Regular, Junior, or Social

APPLICANT: KEEP THIS PAGE FOR YOUR INFORMATION

DO NOT RETURN WITH APPLICATION

Upon turning in a completed application, it will go to the Personnel Committee. The Personnel Committee will complete the necessary investigation and review the application. The committee may request (*in writing to the member*) any documentation needed to complete their investigation. The committee must receive all requested information within 60 days of the written request or the application may be rejected at that time. Answer all questions truthfully and fully, omissions and /or untruths WILL be cause to reject the application.

During this time if possible, the probationary member should attend all regular scheduled meetings, workdays and fund raising events.

You MAY NOT ride any equipment or perform any firefighting or ambulance duties.

After investigation by the Personnel Committee the application will be submitted to the Executive Committee for review. The Executive Committee will then present the application to the membership for acceptance. The application will then be voted on by written ballot by the membership, a two-thirds majority is necessary to accept the application. If the application is accepted the member may be issued appropriate equipment and may engage in activities as to not exceed ones training qualifications.

The probationary member will then continue to serve a one-year probationary period that begins from the time of the acceptance of the "Letter of Interest". The Executive Committee will review the record of the new members' probationary period before the one-year anniversary date. Attendance at fund-raisers, meetings, and fire department activities will be reviewed. All training classes will be credited toward active status. Any written letters of complaints as well as letters of recognition will be considered. Upon completion of a satisfactory probationary period the President may declare the member – Active – or – Associate, according to his/her record.

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AMBULANCE ASSOCIATION

(for persons interested in providing medical treatment, but not fire-fighting)

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Upon submitting an application, it will be turned over to the Ambulance Committee for initial consideration with regard to overall qualification of the applicant.

If approved by the Ambulance Committee, the application shall be read at the next Plunketts Creek Township Volunteer Fire Department meeting. After this initial reading, the application shall lay for 30 days, then shall be voted upon by the general membership. Association members (prospective) shall be at least 18 years of age at the time of submitting application.

During the 30-day waiting period, you should attend fire department functions such as work details, meetings, etc. in order to show your interest in the association. During this 30-day waiting period, you may not, however, respond to any ambulance incidents on the ambulance due to insurance reasons.

Upon receiving your By-Laws and standard Operating Guidelines, read and familiarize yourself with them. Remain as active as possible within the Association in order that you will be an asset to our Fire Department and so you will remain in good standing.

Signed;

Plunketts Creek Township Ambulance Committee

Plunketts Creek Township Volunteer Fire Department

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PRIVACY ACT WAIVER

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

I understand 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 the Executive Committee {Fire Officers and Administrative Officers}.

I understand that this information will be used by the Executive Committee to determine my status during my probationary period.

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 decision by the Executive Committee.

I do hereby sign this waiver voluntarily and without duress.

NAME: *(print please)* _____

SIGNATURE *(full name)* _____

DATE SIGNED ____ / ____ / ____

SIGNATURE OF GUARDIAN _____

(If applicant is under 18 years of age, signature of parent or person in loco parentis required)

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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 Plunketts Creek Township Volunteer Fire Department, Montoursville Borough Police Department or to any person or agency designated by the Plunketts Creek Township Volunteer 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 Executive Committee of the Plunketts Creek Township Volunteer Fire Department and to the voting members of the department and hereby authorize the release of the information to the Executive Committee and to the voting membership. With my signature below I waive any rights I may have to limit or prohibit said dissemination, and release all parties involved from any liability whatsoever for any actions or inactions in the release and dissemination of the information.

I understand and acknowledge that I will be notified in writing of any information of criminal history information to the Executive Committee.

This authorization is signed freely and voluntarily and without duress.

SIGNATURE _____

WITNESS _____

DATE ____ / ____ / ____

LIST ALL FIRE AND/OR EMS ORGANIZATIONS THAT YOU HAVE BEEN ASSOCIATED WITH IN THE PAST. INCLUDE ANY PRESENT ASSOCIATION.
(use another sheet of paper if necessary)

1. _____

2. _____

3. _____

4. _____

5.

=====

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY ?

Yes ___ no ___ If yes explain. *(use additional paper if necessary)* _____

ATTACHED HERETO IS A FORM [REQUEST FOR CRIMINAL RECORD CHECK]
IT IS YOUR RESPONSIBILITY TO COMPLETE THIS FORM AND MAIL IT
ALONG WITH THE REQUIRED FEE TO THE ADDRESS ON THE FORM.

The response will become part of your completed application.

DRIVERS LICENSE INFORMATION

OPERATOR'S NUMBER _____

STATE _____ EXPIRATION DATE _____

HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS?

YES ____ NO ____ IF YES, EXPLAIN. *(use additional paper if necessary)*

Included with this application is the form DL-503 [REQUEST FOR DRIVER INFORMATION].

IT IS YOUR RESPONSIBILITY TO COMPLETE THIS FORM AND MAIL IT ALONG WITH THE REQUIRED FEE TO THE ADDRESS ON THE BACK OF THE FORM.

The response will become part of your completed application.

WORKMAN'S COMPENSATION CLAIMS

Any and all injuries sustained while engaged in any fire department related activity must be reported immediately to the O.I.C. (officer in charge) and a claim form must be obtained and completed as soon as possible after the injury. The claim form must be submitted to the township secretary A.S.A.P.. **Failure to report a claim in a timely manner may result in workman's compensation denying your claim.** Thus, you may suffer the loss of wages from your job without reimbursement from workman's Compensation. You may also be responsible for the cost of your medical treatment if your claim is denied.

It is your responsibility to report your injury and file the claim form in a timely manner.

Even if you do not receive medical attention for an injury, a claim form must be filed in the event an injury worsens, possibly several days after it occurred.

I do understand the above question and information;

SIGNATURE _____ date _____

FIRE DEPARTMENT PERSONNEL INFORMATION

(type or print legibly in ink)

DATE ___/___/_____

NAME _____
Last first mi

CITIZENSHIP STATUS ; US Citizen ___ Other ___ (if other explain) _____

MILITARY STATUS; Have you ever been in the military? Yes ___ No ___

If yes, what branch _____ rank _____ when ___/___/___

Present military status _____

EDUCATION ; circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

College _____ Other (explain) _____

LICENSES; [OPTIONAL] Do you hold any special licenses, i.e. CDL or professional? Yes ___ No ___

PERSONAL REFERANCES; List three (3) references not related, include name, address, and phone #

FIRE DEPARTMENT MEDICAL INFORMATION

(type or Print Legibly in ink)

DATE ____ / ____ / ____

NAME: _____
(LAST) (FIRST) (M.I.)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP)

FIREFIGHTER # _____ SOCIAL SECURITY # _____ - _____ - _____

AGE ____ DATE OF BIRTH ____ / ____ / ____ SEX _____ RACE _____

SPOUSE'S NAME _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____
IN CASE OF EMERGENCY CONTACT:

1. _____
NAME RELATION WORK PH. HOME PH.

2. _____
NAME RELATION WORK PH. HOME PH.

EMPLOYER *name & address & phone* _____

SUPERVISOR *name & phone* _____

PHYSICIAN _____
Name address phone #

SURGEON _____

CARDIOLOGIST _____

SMOKER yes __ no __ BLACK LUNG yes __ no __ BLOOD TYPE _____ LAST TETANUS date _____

RELIGION _____ MINISTER _____ PH. _____

ALLERGYS _____

MEDICATIONS _____

MEDICAL HISTORY _____

ARE YOU CURRENTLY UNDER A DOCTORS CARE? Yes ____ No ____

IF YES EXPLAIN _____

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NAME _____

Please sign and date at the bottom of the page signifying that you have read and understand this document.

Place an "X" next to the appropriate response below.

_____ I understand the risks and benefits of immunization with the Hepatitis B Vaccine. I would like to receive the vaccine. Furthermore, in the event that I should have an adverse reaction to my immunization with HBV, I will not hold the Plunketts Creek Township Volunteer Fire Department or the individual(s) administering the vaccine responsible for any such adverse reaction and release all of the above mentioned departments and individuals from any and all liability.

_____ I understand that due to my occupation (Duties as a volunteer firefighter or EMS operator) exposure to blood and other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, **I decline the hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I have already received the hepatitis B vaccination or had a previous exposure to hepatitis B in the past for which a blood screen was done demonstrating no further need for vaccination against hepatitis B infection.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (If applicant is a Jr. member)

_____ DATE _____

"Few Serving Many"

TRAINING PROFILE

LIST ANY FIRE/EMS/RESCUE TRAINING THAT YOU HAVE HAD PRIOR TO APPLYING FOR MEMBERSHIP. YOU MAY ALSO LIST ANY COURSE OF INSTRUCTIONS YOU HAVE COMPLETED THAT YOU BELIEVE COULD BE AN ASSET TO THE DEPARTMENT.

Type of Training <i>(specific class name)</i>	Date of Training	Total Hours	Location	Agency Providing Training
*SMOKE MASK	10/5&6/85	16	WACC	PA STATE FIRE ACADEMY

**Example idem*

EMERGENCY MANAGEMENT AGENCY

VOLUNTEER ENROLLMENT FORM

(Please Print legibly)

MUNICIPALITY Plunketts Creek Township EMA ENROLLMENT NO. _____

FIRST NAME _____ LAST NAME _____ M.I. ____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMPLOYER _____

Social security # _____ - _____ - _____ skill _____

Date of Birth ____ / ____ / ____ IN CASE OF EMERGENCY NOTIFY; _____

I hereby make application to be a member of this Emergency Management Agency and agree to abide by the rules that govern this organization.

SIGNATURE _____ DATE _____

EMA COORDINATOR _____ DATE _____
=====

Items to be completed by EMA Coordinator:

ENROLLMENT DATE ____ / ____ / ____ STATUS _____ ASSIGNMENT _____

CARD EXPIREATION DATE ____ / ____ / ____

OTHER INFORMATION;

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FALSIFICATION OR OMISSION OF INFORMATION

I _____ BY AFFIXING MY SIGNATURE

BELOW, I DO HEREBY DECLARE THAT ALL INFORMATION CONTAINED HEREIN IS TRUTHFUL, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION CAN LEAD TO REJECTION OF THIS APPLICATION FOR MEMBERSHIP IN THE DEPARTMENT.

I DO HEREBY SIGN THIS VOLUNTARILY AND WITHOUT DURESS.

Name (print or type) _____

SIGNATURE _____ date __/__/__

SIGNATURE OF PARENT OR GUARDIAN _____

Plunketts Creek Township Volunteer Fire Department

Standard Operating Guidelines

ARTICLE 4

APPLICATION PROCESS

STEP 1;

The applicant must submit a “letter of Interest” in person along with a \$5.00 fee, at a regular monthly meeting. The applicant’s probationary period will begin at that time. Social membership is \$2.00 with the “Letter of Interest” and no probation period.

STEP 2;

Upon the receipt of the “Letter of Interest” by the department, the applicant becomes a probationary member of the department and is given a complete application to fill out and return.

STEP 3;

After the Personnel Committee receives the application from the probationary member, the committee will complete the background checks and review the application. The committee may request *[in writing to the member]*, any documentation needed to complete their investigation. The committee must receive all requested information within 60 days of the written request or the application may be rejected at that time.

STEP 4;

The committee will submit the completed application to the Executive Committee for review. If all documents are in order the Executive Committee will present the application to the membership for acceptance. The application must be voted on by written ballot with a two third majority necessary to accept the application. Until this time you MAY NOT ride any equipment or perform any firefighting or ambulance duties. During this time if possible, the probationary member should attend all regular meetings, work days and fund raising events

STEP 5;

The new member will then continue to serve a one-year probationary period. The Executive Committee will review the record of the new members’ probationary period before the one-year anniversary date. Attendance at fund-raisers, meetings, and fire department activities will be reviewed. All training classes will be credited toward active status. Any written letters of complaints as well as letters of recognition will be considered. Upon the completion of a satisfactory probationary period the President may declare the member - Active -or- Associate, according to his/her record of attendance.

I have read and understand this application, as evidence I affix my signature below.

Signature (*full name*)..... *date*.....

Signature of guardian