



Horsham Fire Company Membership Application

Horsham Fire Company

Fire Station: 15

EMS Station: 352

315 Meetinghouse Rd.

Horsham, PA 19044

For Emergencies dial: 9-1-1 Non emergencies dial: 215-675-9859

Application for Membership

Thank you for your interest in becoming a member of the Horsham Fire Company, a combination fire department comprised of volunteer and paid members working together to serve the residents and businesses of Horsham Township, Pennsylvania. We welcome all who are interested in volunteering their time and talents to this department.

Our ranks of membership include those interested in serving as firefighters or fire police officers, EMS, Auxiliary and those who may wish to give something back to their community by volunteering their administrative and support expertise to the fire department. No experience is required, and there are no minimum time commitments to maintain your membership in the company. In the event you have any questions about the application for membership, the Fire Company, or learning more about how you can volunteer your time to our community, please call us at: 215-675-9859 or email us at info@horshamfire.com. We look forward to hearing from you.

On completion of this Application, please return it either by mail to the address above, or via e-mail to: info@horshamfire.com

Class of membership requested (please select one from each category below):

- Junior (under the age of 18)
- Firefighter
- Fire Police
- EMS
- Auxiliary



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Please print the following information:

Name: _____
(LAST FIRST MIDDLE)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ How long at above address? _____

E- Mail Address: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ SSN: _____

Drivers license number: _____

Drivers license issuing state: _____ Class: _____

List all moving violations (convictions) and accidents in the last five years:

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor or a crime involving moral turpitude, including DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?

Yes: _____ No: _____ If yes, please explain:

Have you ever been convicted of or entered a guilty plea for a criminal offense?

Yes: _____ No: _____ If yes, please explain:

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?

Yes: _____ No: _____ If yes, please explain:

Have you ever been?

Placed on probation or terminated for excessive absenteeism? YES NO

Disciplined or fired for insubordination? YES NO

Disciplined or fired for violation of safety rules? YES NO

Disciplined or fired for assault or fighting? YES NO

Disciplined or fired for harassment? YES NO

Disciplined or fired for patient abuse? YES NO

Disciplined or fired for alcohol or drug related activity at work? YES NO

Yes: _____ No: _____ If you answered yes to any question(s) above, please explain:



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Name of last school attended: _____
Highest grade, level or degree achieved: _____
Present employer: _____ Length of employment: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employers Phone Number: _____ Your Occupation: _____
Will your present employer allow you to respond to daytime calls? Yes _____ No _____
Were you ever in the military? Yes _____ No _____
Branch: _____ Grade: _____ Job: _____
If discharged, what was the nature? _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Your Family Doctor: _____
Doctor's address and Phone # _____
Have you had a Hepatitis B vaccination within 10 years? _____ Date _____
Your Blood Type _____
Have you ever been refused employment for health reasons? Yes _____ No _____
Have you ever been disqualified for duty in the armed forces? Yes _____ No _____

The essential job functions of a volunteer firefighter, EMS, Auxiliary and fire police officer in Horsham Fire Company include, but are not limited to the following:

*Climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights. Are you able to successfully complete these essential functions with or without reasonable accommodations? Yes: _____ No: _____ Not Applicable: _____
Please Initial _____*

If reasonable accommodation is required, please provide full details:

Have you ever been or are you currently a member of another fire company, ambulance or rescue squad: Yes _____ No _____ if yes, please complete the following:
Company Name _____
Address: _____
Position(s) held: _____



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List below the fire, rescue, emergency, hazardous materials classes, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed.

Name of Class	Training Facility & Location	Date Completed

References:

Name: _____
Relationship to you: _____
Phone: _____

Name: _____
Relationship to you: _____
Phone: _____

Name: _____
Relationship to you: _____
Phone: _____



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Horsham Fire Company has permission to discuss, for Fire Department purposes, the content of this application with anyone except as noted here:

If none, so state: _____

Eligibility for membership in the Horsham Fire Company is subject to and contingent upon a satisfactory motor vehicle record and background investigation to be obtained from the local police department.

I hereby release and hold harmless from liability Horsham Fire Company any and all other persons, companies, corporations, schools, colleges, or Police Departments supplying information pertaining to this application.

Yes: _____ **No:** _____ **Initial** _____

The information given on this application is true and correct to the best of my knowledge, and I hereby give Horsham Fire Company permission to verify any or all of its contents as necessary.

Applicant's signature: _____ **Date:** _____

If applying as a Junior Member, please have your Parent or Legal Guardian provide their permission to have your application be considered by signing below:

Consent of Parent or Legal Guardian: _____

Date: _____



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Authority to Release Information

APPLICANT'S NAME: _____

First Last MI

DATE OF BIRTH _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ DRIVER'S LICENSE #: _____

E-MAIL ADDRESS: _____

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of Horsham Fire Company bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability, from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standing Operating Procedures of the Horsham Fire Company. All information obtained will be held in strictest confidence.

APPLICANT'S SIGNATURE: _____

DATE: _____