

APPENDIX E

Jackson Township Volunteer Fire Department

Application for Membership – Part I

On behalf of the Officers and Members of the Jackson Township Volunteer Fire Department, thank you for expressing an interest in joining our organization. The first step in becoming a member is to complete this application and return it to the firehouse or current member. If you have any questions, feel free to ask any member for assistance.

Part I: Personal Information

Name: _____

Address: _____

Applying for: Contributing Membership (18+ yrs old)
Junior Membership (16-17 yrs. old)

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Years lived in area: _____

Previous Fire and/or Emergency Services Experience (attach any training certificates that may apply)

Employment History

<i>Name of Company person</i>	<i>Position</i>	<i>Dates of Employment</i>	<i>Name & phone of contact</i>
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Part II General Information

After you turn in your application for the Jackson Township Volunteer Fire Department, the application will be read at the next regular meeting (first Wednesday of each month) and then turned over to the Investigating Committee. They will perform a background check, references. The Investigation Committee will make their recommendation to the members at the first meeting after the background checks have been completed. You will be contacted as to when the vote will take place. You should be at both the initial reading and the vote. Once you have been accepted into membership, more information will be provided concerning the policies of the Department.

Please sign below to indicate that all the information you provided on the application is accurate at the time of completion. Your signature also allows the Department to complete a criminal background check. The yearly dues of Two Dollars (\$2.00)

Signature: _____ Date: _____

OPTIONAL

Part III: Emergency Information will be requested upon acceptance

Name: _____ Known Allergies: _____
Preferred Hospital: _____
Personal Physician: _____
Current Medications: _____ Current Medical Limitations: _____

_____ Do you wear corrective lenses? Yes No

Part IV: Emergency Contact Information

<u>First Choice</u>	<u>Second Choice</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Alt. Phone #: _____	Alt Phone #: _____

Part V

Jackson Township Volunteer Fire Department

Background Check Consent Agreement

Name: _____ Date of Birth: _____

Address: _____

Social Security # _____

Driver's License # and State: _____

The upper portion of this agreement will returned to the applicant upon completion of the background check.

In consideration of my volunteer employment by the Jackson Township Volunteer Fire Department:

I authorize investigation of all statements contained in this and my Application for Membership forms, including my criminal record and driving record. I understand that the misrepresentation or omission of facts called for, is cause for dismissal at any time without previous notice. I hereby give the Jackson Township Volunteer Fire Department permission to contact my previous or current schools, employers, references and others and hereby release the Jackson Township Volunteer Fire department from any liability as a result of such contact.

Signature: _____ Date: _____

Note: State and Federal laws require employers to perform criminal and driving record background checks on their employees who work with protected information (see 18 pa. CSA 9106) and/or come in contact with minors. The Jackson Township Volunteer Fire department's use of background check information is regulated by law. You may obtain information about the relevant laws from the Office of Attorney General for PA.

The Jackson Township Volunteer Fire Department is an equal opportunity organization. We adhere to a policy of making decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability.

PRIVACY ACT DISCLOSURE

The information on this form is collected for the primary purpose of background checks. If you choose not to complete all the questions on this form, it will not be possible for the Jackson Township Volunteer Fire Department to process your application for membership. You have a right to access personal information that Jackson Township Volunteer Fire Department holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the President and/or Fire Chief at the Jackson Township Volunteer Fire Department through telephone 570-696-1818 or President@Jacksonfire.com or Chief1@Jacksonfire.com

Investigation Committee Use Only

Date of First Reading: _____

Date of Committee Meeting: _____

Date of Background Check: _____

Performed by: _____

Investigative Committee Member

Investigative Committee Member

Investigative Committee Member

Recommendation of the Committee :

Accepted or Rejected

Comments and/or Concerns:

Date of Report given to Department: _____

Departmental Decision:

Accepted or Rejected