

# Gladwyne **FIRE** Company

1044 Black Rock Road  
Gladwyne, Pa. 19035

## APPLICATION FOR BRIGADE MEMBERSHIP

The conditions of this application, upon approval of the Board of Directors, require the applicant to serve a six month probationary period prior to acceptance to full voting membership status in the Brigade. During this period, the applicant must attend no less than twenty-five percent of all Company drills, and complete a basic firefighting school. Once accepted, a Gladwyne volunteer must attend no less than twenty-five percent of all fire calls and scheduled drills to remain in good standing.

Applicants full name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ D.O.B.(\*\*\*) \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State issued: \_\_\_\_\_ Social security number: \_\_\_\_\_

Firefighting experience (include dates): \_\_\_\_\_  
\_\_\_\_\_

Firefighting training\*\* (include dates): \_\_\_\_\_  
\_\_\_\_\_

**\*\* PLEASE ATTACH ALL COPIES OF FIREFIGHTING CERTIFICATES\*\***

List all current memberships in other firefighting organizations: \_\_\_\_\_  
\_\_\_\_\_

List other training and/or experience (ambulance, rescue, first aid, etc.): \_\_\_\_\_  
\_\_\_\_\_

List any physical, medical, or psychological conditions that might affect your performance as a Gladwyne firefighter: \_\_\_\_\_  
\_\_\_\_\_

List any other limitations and/or restrictions that might affect your performance as a Gladwyne firefighter (include work or personal): \_\_\_\_\_  
\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

**Have any criminal charges ever been brought against you resulting in conviction or a plea substantially equivalent to “no contest”?**

**( ) YES                      ( ) NO**

**The undersigned applicant authorizes the Gladwyne Fire Company to request any police and/or law enforcement agency to perform a public and/or criminal records search, and such agency is authorized to reveal to the Gladwyne Fire Company the results of said search, as it shall pertain to the applicant. Further, the applicant understands that any misstatement, falsification, or omission of facts pertaining to this application will result in suspension and/or expulsion from the Brigade, and such other penalties as provided by law.**

With the submission of this application I authorize the investigation of all statements contained in this application and authorize the performance of a background check as may be necessary. I hereby authorize and consent to the release of information and records bearing on my personal history, arrests and convictions, if any, as well as all information and records pertaining to any medical and psychiatric examination or treatment that I have received at any time. This authorization specifically includes the request that any doctors with knowledge of my case freely furnish their evaluation or opinion to which I voluntarily authorize the release of this information. This authorization is valid for one (1) year after my signing and dating of this application. Upon request a copy of this statement may be furnished to any individual or agency providing information about me.

Furthermore, in accordance with Pennsylvania Act 168, I swear that I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S § 3301 or any similar offense under Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1000.00. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal.

I further understand that this application is not intended to confer any contractual right or obligation to any party and that Lower Merion Township and the Fire Companies of the Lower Merion Fire Department reserve the right to change any practice, policy or procedure with or without notice, at its sole discretion. I further understand that I am required to abide by all rules, regulations, policies and procedures of the Lower Merion Fire Department and the Fire Company in which I am making application.

\*\*\*If applicant is under the age of 18, a parental or legal guardians permission letter must accompany this application\*\*\*

**Applicant’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent or guardian if under 18 years of age:** \_\_\_\_\_ **Date:** \_\_\_\_\_