

Baldwin Fire Rescue Membership Application

Section I

First Name: _____ MI: ____ Last Name: _____

DOB: _____ E-mail: _____

Best Phone #: _____ Text?: YES NO

Home Address: _____

PA Driver's License #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

I am applying to (check one):

Station 104: South Baldwin Fire Company _____

Station 105: Baldwin Independent Fire Company _____

I am applying as a(n) (check one):

____ Active Firefighter (A Member, at least 18 years of age)

____ Administrative Member (B Member)

____ Junior Firefighter (C Member, at least 15 years of age, less than 18)

Section II

Name of Employer: _____

Address of Employer: _____

Employer Phone #: _____ Job Title: _____

General Availability? (Weekdays / Weekends / Nights) :

If you are a student (high school or college), please complete the information below:

Name of School: _____

Address of School: _____

Section III

By applying to be a member of Baldwin Fire Rescue, it is understood that a PA State criminal background check be performed at minimum prior to acceptance of membership. In addition, it may be deemed necessary for a FBI criminal background check and a Pennsylvania Child Abuse History Clearance pursuant to Chapter 63 of 23 Pa. Consolidated Statutes Annotated related to the Child Protective Services Law. In addition, Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

"A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act."

By signing below you acknowledge the fact that at a minimum, a PA State Criminal History check will be performed. Also by signing below, you hereby state that you have not committed any prior felony offenses and that if the background check states otherwise, it is grounds for immediate disqualification of membership.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Section IV

Do you have prior firefighting experience? YES NO

If yes, please complete this section. If no, skip to section V.

Please list the name, address, and phone number of the fire company:

Name of Company Chief or President: _____

May we contact your last department?: YES NO

Reason for leaving your last department: _____

Years / Time active at last department: _____

Section V

This section asks questions about emergency related certifications. If you do not possess any whatsoever, please proceed to section VI.

Please list any FIRE or HAZMAT certifications that you possess:

Please list any RESCUE or MEDICAL certifications that you possess:

By stating that you possess the above certifications, you hereby agree to present an original copy of these certifications upon the start of your ONE (1) year probationary period. Failure to do so will be considered a falsification of information on this application and will be considered grounds for termination of membership at the end of your probationary period.

Section VI

Firefighting is an ULTRAHAZARDOUS and and incredibly physically demanding activity. Also, firefighting requires individuals with strong mental fortitude who are able to make quick decisions that affect the life and safety of themselves and others.

By applying to Baldwin Fire Rescue, you consider yourself to be able to perform all firefighting related activities, both physically and mentally. Having a medical condition does not mean you will be disqualified for membership.

Please list any and all medical conditions that you may have.

Section VII

You specified in section I which station you are applying to. By applying to that station and signing below, you agree to adhere by the bylaws of that station. Also by signing below, you are stating that you have completed this application and supplied truthful answers to each question. Any falsified information considered detrimental to firefighting or business operations of the respective station is considered to be grounds for disqualification of membership.

Upon application, you will be contacted by phone and/or email to schedule an interview with officials from either or both stations. At this time you will be given any additional information necessary for the interview.

If you are under 18, the parent or guardian signing below must appear with you at the interview.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Name and Signature of Parent or Guardian (if applicant is less than 18 years old):

Date: _____