



Lisburn Community Fire Company
1800 Main Street, Lisburn, Mechanicsburg, PA 17055
Membership Application

Last Name:		Street Address:	
First Name:		City:	
Middle :		State, Zip:	
Cell Phone:		Home Phone:	
Social Security #:	<i>This is required for the background check</i>	Email Address:	
Driver's License #:		Class & Exp Date:	
Date of Birth:		Township:	

MEMBERSHIP TYPE-Please Check all that may apply: All Membership Types must be members of Fire Company.

	Fire Fighting and Rescue
	Apparatus Driver
	Auxiliary (Previously Social) administration, assistance with fundraisers
	Fire Police
	Junior Fire Department Member (<i>Under 18 years of age or still in High School; Work papers are required</i>)

<u>Please Answer</u>	YES	NO
1. Have you ever been charged/convicted of any crimes?		
2. Has any disciplinary action been taken against you in any emergency services? <i>If you answered Yes to Question (s) 1, 2 please list on a separate sheet and attach in a sealed envelope.</i>		
3. Are you now, or have you ever been, a member of any other Fire Department? - If Yes please list:		
4. Is it ok to contact the Departments listed above?		

Briefly let us know any special skills you have and what you plan to participate/volunteer for in the Fire Company with Meetings, committees, dinners, festival, fundraising, and/or firefighter training :

EMPLOYER:

Name		Phone #	
Address		State & Zip	

TWO EMERGENCY CONTACTS:

	<u>Contact #1</u>	<u>Contact #2</u>
Name		
Relationship		
Address		
State Zip		
Phone		

FIRE FIGHTERS ONLY: MEDICAL QUESTIONS: The following information will be kept confidential and is for the PASS tag program.

Physicians Name		Religion	
Phone #		Blood Pressure	
Blood Type		Pulse	
Organ Donor			
Medications			YES NO
Have you experienced any serious injury or illness in the past five years, which could affect your ability as a firefighter? <i>Includes High Blood Pressure, Diabetic Problems, Breathing Problems ETC</i>			
Have you had your Hepatitis B Vaccine? If yes when?			

FIRE FIGHTERS' CERTIFICATE	Cert #	Date Taken	Date Expires
Fundamentals/Modules			
Haz Mat/Refresher			
Basic Vehicle Rescue			
First Responder			
EMT			
Fire Fighter I			
Fire Fighter II			
EVOC			
Pump Operations			
Truck Operations			
<i>Copies of all certificates will be requested upon membership approval. Our Worker's Compensation Insurance Carrier Keystone Municipal Insurance Trust requires a Hepatitis C Screening for new volunteers. You will be required to have this screen performed prior to being able to participate in any fire department activities.</i>			

I hereby submit my application for membership with the Lisburn Community Fire Company. I understand that the Company will perform a background investigation. I authorize the results of that investigation be presented to the members of the Company when my application is evaluated for Membership. I further certify that all information provided is true and to the best of my knowledge and any mis-statement will be sufficient cause for removal from consideration for membership. Lisburn Community Fire Company is an equal opportunity employer and does not discriminate on the basis of sex, color, religion, creed, age, or handicap.

Applicant's Signature:	
Signature of parent/guardian (if under 18yrs)	

Official Use Only

Date Proposed _____ Date Accepted/Voted On _____

Background Check: _____ Reason if Rejected: _____