

# GLENSIDE FIRE COMPANY No. 1

Chartered 1900

210 West Glenside Avenue, Glenside, PA 19038  
 Community Protection ■ Community Cooperation



## Application for Membership - Crew

Applicant Information							
Full Name:				Date of Birth:			
Address:							
Street Address							
City				State		ZIP Code	
Home Phone:				Cell Phone:			
Email Address:							
Have you ever been arrested?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Note that an arrest or conviction may not necessarily preclude you from membership.			
If yes, explain:							
Are you willing to complete a criminal background check in all states where you have resided?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to complete a physical exam at a healthcare facility which will be free of charge to you?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer / School Information							
Current Employer / School				Employer Phone			
Employer Address							
Previous Firefighting Experience							
Are you currently, or have you ever been a member of another fire / EMS organization?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, list the organization and the approximate dates of membership. Also, list the reason for your termination of membership with each organization.							
List any training or certificates you have received related to Emergency Services. Use another sheet of paper if this space is not large enough.							
Do you have any additional skills or certifications which you feel could benefit this organization? (e.g. experience driving large vehicles, healthcare field experience, mechanic experience, etc.)							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to membership with the Glenside Fire Company, I understand that false or misleading information in my application or interview may result in my termination from this organization.							
Signature of Applicant				Date:			
Signature of Parent or Guardian if under 18 years of age				Date:			
Membership Committee Only							
Date Posted		Membership Meeting		Action Taken		Date	

**Personal References**

Please provide three (3) personal references other than immediate family members. If you have previous firefighting experience with another fire company, the Chief or another officer is a suggested reference.

1) Name:

Phone:

Relationship

2) Name:

Phone:

Relationship

3) Name:

Phone:

Relationship