

# Barren Hill Volunteer Fire Company

647 Germantown Pike  
P.O. Box 60  
Lafayette Hill, PA 19444  
Phone #610-825-2250 Fax #610-825-8518  
www.BarrenHill.com

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please Print)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Are you 18 years of age or older? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Phone #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States of America? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do you possess a valid Driver's License? YES: \_\_\_\_\_ NO: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Do you possess a Commercial Driver's License (CDL)? YES: \_\_\_\_\_ NO: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:**

**Blood Type:** \_\_\_\_\_

**Allergies:** (Include Allergies to Medications) \_\_\_\_\_

**Preferred Hospital in Case of Emergency:**

**1<sup>st</sup> Choice:** \_\_\_\_\_ **2<sup>nd</sup> Choice:** \_\_\_\_\_

**Do you have any medical conditions which would prevent you from performing any type of fire / rescue activities? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, Explain:**

**Do you have any physical limitations which would prevent you from performing any type of fire / rescue activities? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, Explain:**

**Other Emergency Services Affiliations:**

**List any other Emergency Services Organizations that you are currently a member of or have been a member of in the past:**

**Organization Name:** \_\_\_\_\_

**Membership Years:** \_\_\_\_\_ **Chief Officer:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Membership Years:** \_\_\_\_\_ **Chief Officer:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Membership Years:** \_\_\_\_\_ **Chief Officer:** \_\_\_\_\_

**Have you ever been discharged from or refused membership in any other emergency services organizations? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, Explain:**

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**Employment Information:**

**Current Employer:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Description of Job Duties:** \_\_\_\_\_

**Still Employed: Yes: \_\_\_\_\_ NO: \_\_\_\_\_ If No, Explain the reason for leaving:**

**Date Hired:** \_\_\_\_\_ **End Date of Employment:** \_\_\_\_\_

**Past Employer:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Description of Job Duties:** \_\_\_\_\_

**Still Employed: Yes: \_\_\_\_\_ NO: \_\_\_\_\_ If No, Explain the reason for leaving:**

**Date Hired:** \_\_\_\_\_ **End Date of Employment:** \_\_\_\_\_

**Past Employer:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Description of Job Duties:** \_\_\_\_\_

**Still Employed: Yes: \_\_\_\_\_ NO: \_\_\_\_\_ If No, Explain the reason for leaving:**

**Date Hired:** \_\_\_\_\_ **End Date of Employment:** \_\_\_\_\_

**Criminal History:**

Have you ever been arrested for any Felony, Misdemeanor or Summary violation or the equivalent? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If Yes, Explain:

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Have you ever been incarcerated for any Felony, Misdemeanor or Summary violations for the equivalent? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If Yes, Explain:

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**References:**

(Please list three references who are not related to you)

Name: \_\_\_\_\_

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

Contact Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_

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

Contact Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_

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

Contact Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

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## APPLICATION FOR MEMBERSHIP – DISCLAIMER

I certify that the facts contained in this application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered grounds for denial of membership.

I authorize the Barren Hill Volunteer Fire Company or its' designates to investigate any and all information on this application. I hereby authorize the references that I have named to disclose any and all information about me that is requested by a representative of the Barren Hill Volunteer Fire Company in order to properly complete this investigation.

I agree to release all parties from all liabilities as a result of the disclosure of the requested information.

I fully understand that if accepted, my membership with the Barren Hill Volunteer Fire Company is governed by the Charter, By-Laws, *Rules and Regulations* and the Standard Operating Guidelines of the Barren Hill Volunteer Fire Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(FOR FIRE COMPANY USE ONLY)

REPORT OF THE INVESTIGATION COMMITTEE: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

We, the undersigned, appointed to investigate the character and standing of

\_\_\_\_\_, provide a favorable / unfavorable recommendation on their application for membership.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Committee Chairperson: \_\_\_\_\_

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## **AUTHORITY TO RELEASE INFORMATION**

I hereby authorize any criminal justice officer or other authorized representative of the Barren Hill Volunteer Fire Company bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied or otherwise reviewed.

I hereby release any such authority, including its employees or related personnel, both individually and collectively from any and all liability, from damages of whatever kind which may at any time, result to me, my heirs, my family or any associates because of compliance with this authorization and request to release information.

All information obtained will be held in strictest confidence.

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**Applicant's Full Name (Print)**

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**Applicant's Signature**

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**Applicant's Address**

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**Date**

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## Junior Membership Application – Parental Authorization

Applicant's Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade: \_\_\_\_\_

*As an applicant for Junior Membership, you are required to furnish the Office of the Fire Chief with a copy of your most recent report card. Each marking period requires a submittal of the current report card to the Office of the Fire Chief. If accepted into the Barren Hill Volunteer Fire Company as a Junior Member, you MUST maintain a "C" average to continue as a member.*

Parent / Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

**By signing below, I am authorizing my son / daughter to participate as a volunteer with the Barren Hill Volunteer Fire Company. I have reviewed the Junior Membership Rules and Regulations and understand the requirements of membership and the parameters of participation that they will be held to.**

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Parent's Signature

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Date

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## Commitment Agreement to Volunteering

By agreeing to membership with the Barren Hill Volunteer Fire Company, I agree to commit to a minimum of three years of active membership to the Company. For the purpose of this Membership Application ONLY, the standard of active membership shall be as follows:

- 10% of dispatched emergency calls; OR
- 10% of scheduled training sessions; OR
- 10% of scheduled special services; OR
- 4 Company Meetings

In the event of non-compliance with this agreement, the Barren Hill Volunteer Fire Company may seek restitution from the member for costs of equipment, gear, training and any other associated costs with being a member.

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Applicant

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Date

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Membership Committee Chair

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Date



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## **Directions for Completing this Membership Application and**

### **What to Expect as an Applicant**

- Fill out all portions of the application packet given to you by the Fire Company or downloaded at [www.barrenhill.com](http://www.barrenhill.com)
- At the time of submission, all membership applications must include a Pennsylvania Criminal History Background Check, Pennsylvania Child Abuse and if applicable, a FBI Criminal History check
- In order to complete the Pennsylvania State Police Criminal Background check, go to <http://www.psp.state.pa.us/psp> and follow the instructions to complete the Criminal Record Check
  - Make sure once the results are displayed on the scene, click on the “Printable Version” link; this will ensure that the PSP Watermark is on your printed copy
  - *Any costs associated with the Pennsylvania State Police Criminal History check is the responsibility of the applicant.*
- *The applicant must apply for and submit a Pennsylvania Department of Human Services Child Abuse History Certification. This can be completed online through the Commonwealth of Pennsylvania website (<https://www.compass.state.pa.us/cwis/public/home>) and may take more than fourteen (14) days to receive the final certification.*
  - *Any costs associated with the Child Abuse Clearance is the responsibility of the applicant.*
- *If the applicant has lived outside of the Commonwealth of Pennsylvania at any time in the last ten (10) years, he / she must submit to an FBI Fingerprint Criminal Background check. (go to [www.pa.cogentid.com](http://www.pa.cogentid.com)) Reports from this criminal background check must be submitted to the Fire Company as well.*
  - *Any costs associated to the FBI criminal background check is the responsibility of the applicant.*
- *Return the completed application along with the criminal history check, child abuse clearance and the FBI criminal history check (if applicable) to the Firehouse for review*

***by the Membership Committee. The membership committee chairman or his / her designate will be in contact with you.***

- ***If you are applying as a Junior Member (16 or 17 years of age) you must also attach the form with your parent's authorization***
- ***The Barren Hill Volunteer Fire Company General Membership meetings are held on the first Wednesday of each month. Please arrive thirty (30) minutes (7:00pm) prior to general membership meeting in order to be interviewed by the Membership Committee. (7:00pm)***
- ***After receiving a positive recommendation for membership from the Membership Committee, the applicant will be invited to the Fire Company General Membership meeting. During the meeting, the applicant will be asked to leave the room while the membership votes on the new member application.***
- ***New Applicants are required to pay the annual membership fee of \$5.00 at the time of the interview and acceptance into the Fire Company.***
- ***Under no circumstances will a membership application be considered by the Barren Hill Volunteer Fire Company Membership Committee without a completed Pennsylvania Criminal History Check, Pennsylvania Child Abuse History Certification and an FBI Fingerprint Criminal History if applicable.***