



New Hope Eagle Fire Company

When Summoned We Obey
P.O. Box 314 New Hope, PA 18938
(P) 215-862-2692 (F) 215-862-5832

APPLICATION FOR MEMBERSHIP

Firefighter Water Rescue Fire Police Non-Firefighter Junior Firefighter

Date of Application: _____

1. APPLICANT INFORMATION

Name: _____
(Last) (First) (MI)

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home/Cell: _____ Work: _____

How long at current residence? _____

Previous Address (if less than 2 years): _____

City: _____ State: _____ Zip: _____

Telephone: Home/Cell: _____ Work: _____

2. PERSONAL INFORMATION

Date of Birth: _____

Social Security Number: _____

Email: _____

Emergency Contact: _____

Address: _____

Telephone: _____ Relationship: _____



3. DRIVER LICENSE INFORMATION

State of Issue: _____ Class: _____ License #: _____

Expiration Date: _____

Have your driving privileges ever been revoked? Yes No

If yes, please explain fully:

4. CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted of a crime or misdemeanor? Yes No

If yes, please provide all pertinent information, including date of conviction, charges, outcome, and disposition etc.:



5. PREVIOUS EXPERIENCE

Do you now or have you ever belonged to any Fire, EMS, or Rescue Company either Career or Volunteer?

Yes No

If yes, please list the company name(s) and date(s) of membership / employment:

Company 1: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name and Title: _____

Telephone: _____ Member Dates: _____

Reason for leaving:

Company 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name and Title: _____

Telephone: _____ Member Dates: _____

Reason for leaving:



Please list completed courses, training, and certifications including dates:

Have you ever been rejected, suspended, or expelled from this or any other Fire, EMS, or Rescue Company (Career or Volunteer)? Yes No

If yes, please provide all pertinent information including dates:

6. FOR FIREFIGHTER/RESCUE APPLICANTS

Physical Fitness: As you know, firefighting and rescue operations are physically demanding. Firefighters wear heavy protective clothing and carry heavy equipment up and down ladders, stairs, and over rough terrain. In addition, firefighters work in high stress, often hot and claustrophobic environments. The Eagle Fire Company take member safety very seriously and we will never intentionally place you in a situation in which you feel unsafe.

Do you have any limitations of sight, hearing, touch, balance or mobility that would make it unsafe for you to carry heavy loads, operate on a pitched roof, operate in a low visibility environment, crawl for an extended distance, or otherwise interfere with firefighting and rescue activities?

Yes No



7. REFERENCES

List names of three (3) people not related to you, whom you have known for at least three (3) years and who are not members of the New Hope Eagle Fire Company:

NAME	ADDRESS	TELEPHONE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If applicable, list the names of two (2) members of the New Hope Eagle Fire Company with whom you are acquainted:

NAME	ADDRESS	TELEPHONE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



8. AUTHORIZATION

I HEREBY AUTHORIZE THE NEW HOPE EAGLE VOLUNTEER FIRE COMPANY TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN NULLIFICATION OF THIS APPLICATION AND/OR SUBSEQUENT MEMBERSHIP.

Signature: _____

Printed Name: _____ Date: _____

Parent(s) or Guardian(s) consent for applicants under 18 years of age is required:
I / We, being the Parent(s) or Guardian(s) of the applicant whose name appears below, do hereby give consent for him / her to join the New Hope Eagle Fire Company.

Name of Applicant Date

Signature of Parent(s)/Guardian(s) Date

I, the undersigned, make application to become an active member of New Hope Eagle Fire Company.

I, the undersigned, do promise to abide by all laws and rules governing the New Hope Eagle Fire Company, either in effect or to become effective by vote of the membership.

I, the undersigned, understand should my application for membership be accepted by the Members of the New Hope Eagle Fire Company, I shall be on a six-month Probationary Period. At the end of such period, I understand that the Members of the New Hope Eagle Fire Company will vote on whether to accept me as a Member of the Company.

Signature of Applicant Date

Signature of Parent(s)/Guardian(s) Date