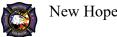


New Hope Eagle Fire Company When Summoned We Obey P.O. Box 314 New Hope, PA 18938 (P) 215-862-2692 (F) 215-862-5832

APPLICATION FOR MEMBERSHIP

Firefighter Water Rescue	re Police 🗌 Non-Firefighter	Junior Firefighter
Date of Application:		
1. APPLICANT INFORMATION		
Name:(Last)		
(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:		



New Hope Eagle Fire Company – Application for Membership

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Have your driving privileges ever been revoked?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 BACKGR		ΜΑΤΙΟΝ				
Have you ever been conv	icted of a crime	or misdemeanor? Yes 🗌 No 🗌				
If yes, please provide all p and disposition etc.:	ertinent informati	ion, including date of conviction, charges, outcome,				



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 na	me(s) and date(s) of n	nembership /	employment:	
Company 1:				
Address:				
City:				
Supervisor Name and Title:				
Telephone:	Member Dates:			
Reason for leaving:				
Company 2:				
Address: City:				
Supervisor Name and Title:				
Telephone:				
Reason for leaving:				

New Hope Eagle Fire Company – Application for Membership
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



New Hope Eagle Fire Company – Application for Membership

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
If applicable, list the nan whom you are acquainted	nes of two (2) members of the New H d:	ope Eagle Fire Company with
NAME	ADDRESS	TELEPHONE

6

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

Signature of Parent(s)/Guardian(s)

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 Parent(s)/Guardian(s)

Signature of Applicant

Date

Date

Date

Date