



APPLICATION FOR VOLUNTEER MEMBERSHIP – **REGULAR**

**WEST EARL FIRE COMPANY**  
**LANCASTER COUNTY, PENNSYLVANIA**  
*(An Equal Opportunity Employer)*

**\*\*\*\*PLEASE PRINT LEGIBLY\*\*\*\***

**PERSONAL DATA**

Full Name: \_\_\_\_\_  
*(LAST) (FIRST) (MIDDLE)*

Present Address: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_  
*(Mo) (Day) (Year)*

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

\*\*Would you like to receive call/training/info texts? Yes or No Cell Carrier: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Are you a US Citizen? Yes or No Have you been convicted of a crime? Yes or No

Marital Status: \_\_\_\_\_

List any Relatives or acquaintances who are members of this company: \_\_\_\_\_

How are you interested in serving? (check all which apply)

\_\_\_ FIREFIGHTER      \_\_\_ ADMINISTRATION      \_\_\_ AUXILIARY  
\_\_\_ FIRE POLICE      \_\_\_ FUNDRAISING      \_\_\_ OTHER (list) \_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Are you available for emergency calls during working hours?: Yes or No

**FIRE SERVICE EXPERIENCE**

Have you ever been a member of any other Fire or EMS organization?: Yes or No

*(If YES, please complete below)*

From/To	Fire Company Name	Position Held	County/State	Reason for Leaving

Do you have Fire/EMS training?: Yes or No

*(If YES, please attach copies of your Certificates)*

**REFERENCES**

Please list three (3) references we may contact.

*(Known by you for at least one (1) year)*

Name of Reference	Contact Phone Number	Length of acquaintance

**EMERGENCY CONTACT**

**Contact 1:** Name: \_\_\_\_\_

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

**Contact2:** Name: \_\_\_\_\_

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

**Contact 3:** Name: \_\_\_\_\_

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

*I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.*

*I hereby give permission to the West Earl Fire Company to complete one (or more) background check(s) on me.*

*I am aware that should an investigation at any time disclose my misrepresentation or falsifications, that this may be cause for my rejection and/or termination.*

X \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant Signature*

X \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Parent/Guardian (If applicant is under the age of 18)*

*NOTE: Applicants under the age of 18 must include a copy of working papers*

----- OFFICE USE ONLY -----

Date Probation Began: \_\_\_\_\_ Scheduled End of Probation: \_\_\_\_\_

Date Accepted into Membership: \_\_\_\_\_ Assigned Fire Co. ID Number: \_\_\_\_\_

List date and reason for action if applicant is rejected, probation is extended, or member is terminated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

WEFC Regular Application February 2016