Towamensing Township Volunteer Fire Company
105 Firehouse Road Palmerton, PA 18071
Phone: (610) 681-4000 Fax: (610) 681-5700
Web: www.tvfc9.org

Personal Information

Type of Membership: Firefighter □ JR. FF □ Fire Police □ EMS/QRS □ Administrative □ Social □
Name: Last_____ First: _____M.I: _____
Address: _____ Phone: (____) _____-_____
City: _____State: _____Zip: _____
D.O.B.: _____Age: _____SSN: ____-___-_____
Drivers Lic #: _____ State: _____Class/Restrictions: _____
Township or Borough of residence: _____ Occupation: _____
Employer (or last employer / school & grade): _____
Employer's Address: _____
Employer's Phone: (____) ____-_____ Married □ Single □ Number of Dependents: _____
Spouse's Name: _____

References (other than family and current emergency responders)

Name Last: _____ First: _____M.I: _____
Address: _____ Phone: (____) _____-_____
City: _____ State: _____Zip: _____

Name Last: _____ First: _____M.I: _____
Address: _____ Phone: (____) _____-_____
City: _____ State: _____Zip: _____

Name Last: _____ First: _____M.I: _____
Address: _____ Phone: (____) _____-_____
City: _____ State: _____Zip: _____

Sponsor

Name Last: _____ First: _____M.I: _____
Address: _____ Phone: (____) _____-_____
City: _____ State: _____Zip: _____
As a sponsor I have personal knowledge of this person and recommend them for membership:
□Yes □No
Signature of sponsor: _____Date: _____

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General Information

Reason for applying for membership: _____
Have you even been refused membership in any other Fire Department? _____ If yes, explain
_____
_____
Have you ever been a member of this organization before? _____ If yes, when? _____
Reason for leaving? _____
Have you ever been convicted of a felony or misdemeanor including driving while under the influence or has your driver's license ever been suspended or revoked?
□Yes □No If so please explain:
_____
_____
Have you had any experience in emergency services? Please attach copies of any certificates.
□Yes □No If so please explain:
_____
_____
Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying? YES _____ NO _____ If so please explain:
_____
_____

Have you received Firefighter training in the past? YES _____ NO _____
Type of Firefighter training: _____ Date: _____
Have you received first aid training in the past? YES _____ NO _____
Type of first aid training: _____ Date last certified: _____

Parental Consent if under the age of 18

Name Last: _____ First: _____M.I: _____
Address:_____ Phone: (____) _____-_____
City:_____ State: _____Zip: _____
Cell Phone #: (____) _____-_____ Work #: (____) _____-_____
Signature of parent: _____Date: _____

I hereby apply for Membership in the Towamensing Volunteer Fire Company, and if accepted will faithfully comply with the obligations of the Company to which I subscribe. I verify that the facts set forward in this application are true and correct to the best of my knowledge and belief. This verification is made subject to the penalties of section 4904 of the Crimes Code (18 PA CSA 4904) relating to unsworn falsification to authorities.
Signature of applicant: _____ Date: _____

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Health Clearance

_____ has applied for membership with the Towamensing Township Volunteer Fire Company. The duties of this individual vary from fire fighter to administrative (job descriptions are listed below). Your medical evaluation of this individual will provide us with the ability to safely determine what level of participation he/she may have with our department.
Job descriptions:

1. Fire Fighter/Fire Police/QRS – The essential job functions of a volunteer firefighter and fire police officer in the Towamensing Township Volunteer Fire Company include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing of heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness and/or environments of extreme temperatures, elevated levels of stress and at elevated heights.
2. Administrative – Typical administrative or secretarial type work in addition to cleaning of the station and maintenance activities such as lawn mowing, sweeping and minor lifting activities.

Evaluation:
YES NO 1. Has had an injury that may interfere with the duties of a firefighter/fire police?
YES NO 2. Has had an injury that may interfere with administrative duties?
YES NO 3. Has any defects or impairment that limit sight, hearing or use of any limbs?
YES NO 4. Has any condition (physical or mental) that requires medical supervision?
If answering yes to any of the above please explain;

_____
_____
_____

Limitations:

_____
_____
_____

I have examined _____ on the undersigned date, reviewed his/her history and find this individual physically and mentally able to perform the duties of:

Fire Fighter / Fire Police/QRS □ Administrative □

Physician Signature: _____Date: _____