

MEMBER TAKING APPLICANT AND DATE _____

PAYMENT \$ _____

MEMBERSHIP COMMITTEE DOING BACKGROUND CHECK _____

MEMBER COMMITTEE DOING REFERENCES CHECK _____

ONE MEMBER OF THE COMMITTEE; CHIEF OFFICER CAPTAIN AND ABOVE AND ONE EXECUTIVE BOARD MEMBER.

MEMBERS DOING PRE INTERVIEW & DATE

X _____

X _____

X _____

MEMBERSHIP APPROVAL / DISAPPROVAL

DATE MEMBER VOTED IN _____

MENTOR GIVEN TO MEMBER _____

APPROVAL / DISAPPROVAL FOR 6 MONTH MEETING FOR REGULAR MEMBERSHIP

COMMITTEE SIGNATURE

Dear Applicant,

Thank you for your interest in Goodwill Fire Company #1 of York Township.

Located in the village of Spry, the Goodwill Fire Company was chartered in 1913 and has evolved into a leading volunteer fire fighting organization serving York County Pennsylvania.

Y.T.F.D. is a fast paced fire department with around 1,000 responses annually. We pride ourselves with rapid response times, 24/7/365 staffing, aggressive interior firefighting and incident mitigation. We serve an area that comprises of suburban housing, industrial complexes, highway and rural areas.

The Current fleet is comprised of 1 Pierce Attack Engine, 1 Seagrave Rescue Engine, 1 Seagrave Aerialscope Tower Ladder and 1 KME Heavy Rescue. We also have a support fleet of 1 Traffic unit, 1 utility pickup truck and 1 command SUV.

At Station 19, we have semi-private bunkrooms with a Live-In Program, on site Gym, full kitchen, dining room and two lounge areas as well as company provided turnout gear and training.

Please note, that if your criminal back ground arrives with any discrepancies you will be questioned with a possibility of denial.

There is a one-time, nonrefundable application processing fee of \$25.00 and annual membership dues are \$5.00.

If you are interested in joining and are looking for a new beginning fill out the following application and return it to Station 19, where the bay doors are always open.

Sincerely,

Membership Committee

York Township Fire Department Station 19



Basic Information*Please print legibly*

Last Name: _____ First Name: _____
 Middle Name or Initial: _____ Date of Birth: _____

I am applying for: ☐ Fire Fighter ☐ Social Member ☐ Junior firefighter

Gender (check one): ☐ Male ☐ Female

Current Address: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Length of Time at this Address: _____

If you have lived at the above address less than three years, please provide all addresses at which you have lived during that time. If more than two addresses, please attach additional pages.

Previous Address: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Length of Time at this Address: _____

Phone: Cell: _____ Work: _____ Home: _____
 E-Mail: _____
 Social Security Number: _____

Have you ever been convicted of a criminal act, or do you have charges pending against you?

(Check one) ☐ Yes ☐ No

If yes, please explain:

Please check here if you do NOT have a driver's license: ☐

Driver's License #: _____ Class: _____ State: _____

Has your license ever been suspended? (Check one) ☐ Yes ☐ No

If yes, explain below:

Education

| Education | Name of School | Years Attended | Date Graduated | Subject of Study |
|---------------------------------|----------------|----------------|----------------|------------------|
| High School | | | | NIA |
| College | | | | |
| Trade/ Business/ Grad School | | | | |

What foreign languages do you speak/read/write?

Military Service: _____

Dates of
Service: _____

Rank: _____

Are you currently a member of the National Guard? ☐ Yes ☐ No

Have you ever applied for membership with YTFD before? ☐ Yes ☐ No

If yes, when? _____ Reason for Leaving: _____

Have you ever been a member of another fire/rescue/ambulance department? ☐ Yes ☐ No

Name of Organization: _____

Member from: _____ Until: _____

Address: _____

Phone#: _____

Previous Company Commander: _____

NOTE: If you have been, or are currently a member, of more than one other department, please list the above information for them on a separate page.

Do you have a current CPR/AED Card?

☐ Yes ☐ No

Do you hold a valid First Aid card?

☐ Yes ☐ No

Are you currently certified as: ☐ DEMENT-B ☐ DIV Tech ☐ CRT-I ☐ EMT-P ☐ None

If you are an instructor in any of the above, please indicate:

List all other training courses in emergency services that you have completed:

List involvement in any volunteer or service organizations other than emergency services:

Employment History

| Dates: (mm/yyyy) | Name, Address & Phone # of Employer | Position | Reason for Leaving |
|---------------------|-------------------------------------|----------|--------------------|
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |
| | | | |
| | | | |

References:

Please give the names of three persons not related to you whom you have known at
Least one year.

| Name | Email Address | Cell Phone | How do they know you? | Years Known |
|------|---------------|------------|-----------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

Please read the following statement carefully before signing.

I hereby authorize the York Township Fire Department to investigate all statements contained in this application. To the best of my knowledge, all statements and answers that I have given are true, accurate, and correct. I understand that the misrepresentation or omission of facts will result in the nullification of this application or subsequent membership based upon its content.

Signature: _____

Date: _____

Emergency Contacts

Please indicate persons you would like notified in case of an emergency:

First Choice:

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship: _____

Second Choice:

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship: _____

Designation of Beneficiary

I _____, am a member of the York Township Fire Department and I am aware that as a member of the Company, there are insurance policies and other programs - either by law or by other sources - which, in the event of injury to me or my death, may pay benefits to me or to certain beneficiaries. I hereby designate the following, in the order listed, as such:

First Choice:

Name(s): _____
In the event that/those person/persons is/are not alive, then:

Second Choice:

Name(s): _____

If there is no living beneficiary:

Third Choice: To my estate.

This application is completed and signed in York, Pennsylvania on this _____ Day 20_____

Signature of Applicant: _____

Signature of Witness: _____