

<b>THIS SECTION IS FOR FIRE COMPANY USE ONLY</b>			
RECEIVED BY: _____	DATE: _____		
DATE READ: _____	DATE VOTED: _____	APPROVED: _____	DENIED: _____
<b>BACKGROUND CHECK</b>		<b>CHILD CHECK</b>	
INITIALS / DATE _____		INITIALS / DATE _____	

**WEST HANOVER TOWNSHIP FIRE COMPANY**  
 7624 Jonestown Road | Harrisburg, PA 17112-9727 | (717) 652-9019

**APPLICATION FOR MEMBERSHIP**

(Please Print)

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Class: \_\_\_\_\_  
 List Any Driving Restrictions: \_\_\_\_\_

(Please include a copy of your driver's license)

Desired Type of Membership (Check all that apply)

- Fire Fighting and Rescue (OVER 18 YEARS OF AGE)
- Junior Fire Fighting and Rescue (14 - 17 YEARS OF AGE)
- Fire Police
- Social Membership
- Assist with Fundraising Activities
- Other (Specify) \_\_\_\_\_

Please List any Pertinent Skills/Certifications that could be beneficial to the WHTVFC  
 (Examples: Firefighting, Medical, Driving, Mechanical, Electrical, Administrative, etc....)

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(Please attach any certifications applicable to the above reference skills/training)

Are you a Member of another Fire or Ambulance Company or Police Department?

- No
- Yes ( If yes, please provide Name, Address and Phone No.)

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*You are encouraged to attend the General Membership meeting following the submission of you Membership Application. General Membership meetings are held the First Tuesday of every month, beginning at 7:30 PM.*

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List three (3) References (Non Relatives) including Names, Addresses and Phone Numbers

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a copy of your child abuse background check prior to approval for membership.  
Pennsylvania child abuse clearances can be obtained form the following website:

**[www.compass.state.pa.us/cwis/public/home](http://www.compass.state.pa.us/cwis/public/home)**

( ) Child Abuse Clearance Copy Enclosed

Sponsoring Member (Print): \_\_\_\_\_

Sponsoring Member Signature: \_\_\_\_\_

I solemnly swear that all information given in this application for membership to West Hanover Township Fire Company No.1 is accurate to the best of my knowledge. I also understand that if it is proven that I intentionally falsified the information provided, I may be rejected for membership without a chance for reapplication. If proof of falsification occurs after being accepted into membership, I also understand that the falsification may be grounds for my expulsion from the West Hanover Township Fire Company No.1. Finally, I swear to uphold all Fire Company By-Laws and Standard Operating Procedures and to treat Fire Company property with the greatest care and respect.

Name of Applicant (Print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**PERSONAL REFERENCE SHEET**

(Please Print)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Do you object to WHTFC contacting your Supervisor? ( ) Yes ( ) No

Normal Work Days / Hours: \_\_\_\_\_  
\_\_\_\_\_

**Person to contact in case of Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
Work Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information:**

Past Medical History: \_\_\_\_\_  
\_\_\_\_\_

Blood Type: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any Medical Restrictions: ( ) Yes ( ) No  
(If Yes, Please list and briefly describe) \_\_\_\_\_

Ever convicted of:  
Traffic Violation (Last three (3) years) ( ) Yes ( ) No  
Misdemeanor ( ) Yes ( ) No  
Felony ( ) Yes ( ) No

(If Yes, Please specify in detail)

\_\_\_\_\_  
\_\_\_\_\_