

# Application For Membership

## Chester Township Fire Company

2410 Concord Road, Chester, PA 19013

610-457-4906 [www.chestertwpfc.org](http://www.chestertwpfc.org) [president@chestertwpfc.org](mailto:president@chestertwpfc.org)

Welcome to Chester Township Fire Company! Please fully read and completely fill out the application. Please sign where required and return via the email above or to any member.

A **\$10 application fee** is required at the time the application is returned and is payable by cash, check, or Venmo. Applications will not be reviewed without the fee, and is non-refundable. Annual dues are \$10 and are payable in December for the following year.

\*Please note application for membership will not be considered without a background check\*

### **Probationary Status**

All new members are subject to a **SIX MONTHS** probationary period in which you will be required to meet minimum obligations in order for your probation to be lifted. Those obligations include but are not limited to the following:

- Company Meeting Attendance
- General Participation in Duty Crews, Drill Nights, etc.
- Fundraising Events

\*\*Chester Township Fire Company reserves the right to obtain a criminal history and child abuse background check. Any negative results will not necessarily disqualify an individual from membership within Chester Township Fire Company.\*\*

### **Monthly Company Meetings**

Company meetings are held the second Thursday of each month at 8PM unless otherwise stated by the Board of Directors. If you are unable to attend, please inform the Company President so they can make note of your absence.

\*\*Chester Township Fire Company does not discriminate based against race, sex, religion, national origin, physical disability, age, sexual orientation, or any other protected class not mentioned.\*\*

**Personal Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Prior Address (if less than 2 years): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Information**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Driver's License Information**

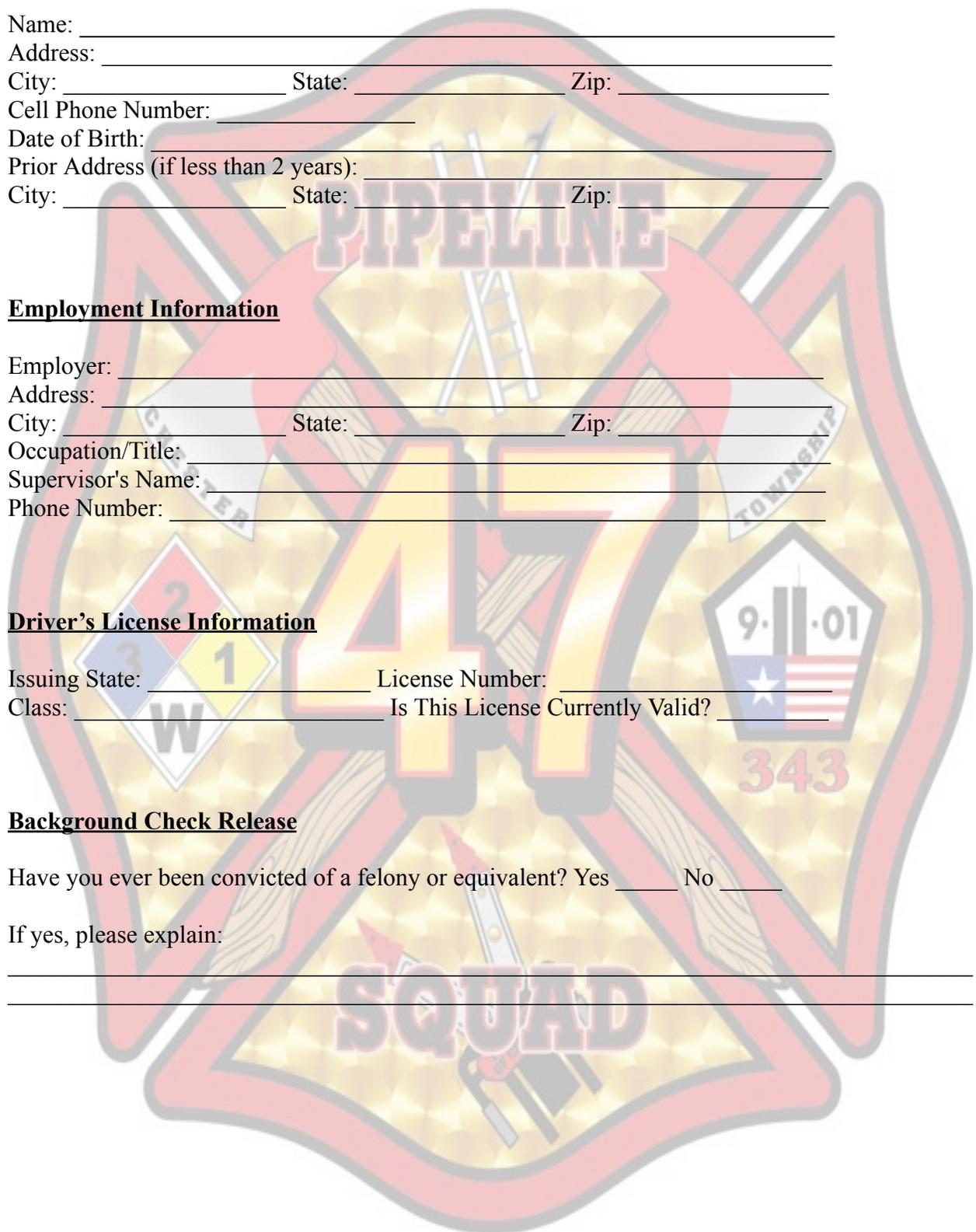
Issuing State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Class: \_\_\_\_\_ Is This License Currently Valid? \_\_\_\_\_

**Background Check Release**

Have you ever been convicted of a felony or equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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



**Who should be notified in case of an emergency?**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance and Beneficiary Information**

Beneficiary Name: \_\_\_\_\_  
Beneficiary Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relation to You: \_\_\_\_\_

**Type of Membership Applying For?**

Firefighter: \_\_\_\_\_  
Mutual Aid: \_\_\_\_\_  
Fire Police: \_\_\_\_\_  
Contributing Member: \_\_\_\_\_

**References (Must provide at least 2, No Relatives)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_



**Memorandum of Understanding**

I, \_\_\_\_\_, hereby agree to comply with all safety and health standards, rules, regulations, bylaws, standing rules, standard operating procedures, house rules, and other appropriate regulations, as well as all lawful directives of the officers of the Chester Township Fire Company, should I be elected into membership. I understand that the Chester Township Fire Company may require me to undergo medical examinations and treatment reasonably related to my continued safe performance of the essential functions of Firefighter or Fire Police.

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

**Affidavit**

I, \_\_\_\_\_, hereby swear or affirm that the information supplied in the foregoing Application for Membership is true and correct to the best of my knowledge, information, and belief, subject to the penalties of 18 PA C.S.A. Section 4904 regarding unsworn falsification to authorities.

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

**Complete Below Only If The Applicant Is Less Than 18 Years Of Age**

School Name: \_\_\_\_\_  
Present Grade: \_\_\_\_\_ Grade Average: \_\_\_\_\_

**Parent or Guardian Signature Required For Applicant Less Than 18 Years of Age**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, who is the minor applicant, hereby permit the applicant to join the Chester Township Fire Company and authorize, join in, and ratify all of their acts, representations, releases, and statements above. Further, I consent to the applicant participating in activities, undergoing necessary training, and meeting any other requirements for membership in this organization.

\_\_\_\_\_  
Signature of Parent/Guardian