

Manoa Volunteer Fire Company Membership Application

Dear Applicant:

Thank you for your interest in joining the Manoa Fire Company. We are a volunteer organization dedicated to providing fire protection and emergency medical services to the residents of Haverford Township. We are always looking for new members to assist us in protecting and serving the residents of Haverford Township. The community depends on our organization daily to respond in their time of need. This responsibility is a great one that takes time, skill, desire and dedication to perform under adverse conditions in the field. These are qualities we look for in prospective members and are the purpose of our application process.

In addition to the application the following are requirements of this process:

- Background Check
- Physical Examination (Information Attached)
- Interview with the membership committee

If you have any questions or concerns regarding the application process, please feel free to contact myself or members of the membership committee. Not only are our members responsible for responding to emergency calls and weekly drills, we do require our members to participate in our fundraising events. This is very important for our new members; it will give you the opportunity to meet our officers and other members outside of answering emergency calls. We also require membership dues of \$10.00 per year which are paid once your probationary period is completed. We encourage you to spend some time at our station; this will familiarize yourself with our equipment and personnel. Again, thank you for applying to our department; we look forward to you joining our organization.

Respectfully,

Manoa Membership Committe manoamembership@gmail.com

Manoa Volunteer Fire Company Application for Membership

1 oday's Date:	Social Security Nu	ımber			
The following information is being submitted for evaluation for MEMBERSHIP into the Manoa Voluntee Fire Company. Please print all required information:					
[] Acti	ip requested: ergency Medical Service (EMS) Member ve Firefighter/EMS Member ve Emergency Medical Technician (EMT) ve Fire Police				
Name:					
Date of Birth: Present Address:					
Telephone:		How Long?			
Previous Address:					
Telephone:		How Long?			
Place of Birth:					
Driver's License #:_		•)			
Emergency Contact: Address:		Relation?			
Emergency Phone:					
Highest level of Educ	cation: 9 10 11 12 Associates Bachelors Masters Docto	orate			
Military Service: Date of Discharge:	No Yes - Branch				
Present Employer: Address:					
Phone:					
Supervisor:		Years with Employer:			

Basic Vehicle Rescue Operations Yes No Advanced Fire Police Yes No Hazmat Avareness Yes No CPR / AED Yes No Structural Burn Session Yes No First Responder Yes No Firefighter 1 Yes No Firefighter 2 Y	Training:	Essentials of Firefighting	Yes No	Dagie Fine Delies	V N		
Hazmat Awareness Yes No CPR / AED Yes No Structural Burn Session Yes No First Responder Yes No First Responder Yes No Firefighter 1 Yes No Firefighter 1 Yes No Firefighter 2 Yes		Basic Vehicle Rescue Operation	Voc No				
Hazmat Operations Structural Burn Session Firefighter 1 Yes No Firefighter 2 Yes No Additional Training Not Listed Above: Memberships in other fire companies (Name and City): Active Supporting Were you ever suspended from membership in another fire company? Yes No If Yes, name of Fire Company: Were you ever suspended from membership in another fire company? Yes No If Yes, please explain: Please list three personal references that have known you for at least two years and are not relatives: NAME ADDRESS PHONE YEARS KNOWN 1. 2. 3. There is no fee for this application. I do hereby swear that the above information is true and correct to the best of my knowledge and I give my consent and authorize the Manoa Volunteer Fire Company and/or its duly authorized agent(s) to make a complete records check of the above listed information and to make a complete investigation of any federal, state, or local criminal records that may exist concerning me. I also shall sign the attached background check release form. I understand that membership is a privilege subject to approval of your application upon completion of the background check and physical examination. Applicant's Signature Date FIRE COMPANY USE ONLY Physical Exam Pass Fail Background Check Pass Fail Background Check Pass Fail Interview Pass Fail Background for Membership Do not Recommend for Membership Do not Recommend for Membership Do not Recommend for Membership							
Structural Burn Session Yes No FMT Yes No Firefighter 1 Yes No Firefighter 1 Yes No Firefighter 2 Yes No **Please submit copies of certificates Additional Training Not Listed Above:							
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