



## **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](mailto:manoamembership@gmail.com)

**Manoa Volunteer Fire Company  
Application for Membership**

Today's Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_

The following information is being submitted for evaluation for MEMBERSHIP into the Manoa Volunteer Fire Company. Please print all required information:

Type of membership requested:

- Emergency Medical Service (EMS) Member
- Active Firefighter/EMS Member
- Active Emergency Medical Technician (EMT)
- Active Fire Police

Name: _____	
Date of Birth: _____	
Present Address: _____ _____	
Telephone: _____	How Long? _____
Previous Address: _____ _____	
Telephone: _____	How Long? _____
Place of Birth: _____	
Driver's License #: _____	
Emergency Contact: _____	Relation? _____
Address: _____ _____	
Emergency Phone: _____	

Highest level of Education: 9 10 11 12 Associates Bachelors Masters Doctorate
Name of High School: _____
Name of College: _____

Military Service: No Yes - Branch _____
Date of Discharge: _____

Present Employer: _____	
Address: _____ _____	
Phone: _____	
Position: _____	
Supervisor: _____	Years with Employer: _____

<b>Training:</b>	Essentials of Firefighting	Yes	No	Basic Fire Police	Yes	No
	Basic Vehicle Rescue Operations	Yes	No	Advanced Fire Police	Yes	No
	Hazmat Awareness	Yes	No	CPR / AED	Yes	No
	Hazmat Operations	Yes	No	First Responder	Yes	No
	Structural Burn Session	Yes	No	EMT	Yes	No
	Firefighter 1	Yes	No			
	Firefighter 2	Yes	No			

**\*\*Please submit copies of certificates**

**Additional Training Not Listed Above:** \_\_\_\_\_

Memberships in other fire companies (Name and City):

_____	Active	Supporting
_____	Active	Supporting

Were you ever suspended from membership in another fire company? Yes No

If Yes, name of Fire Company: \_\_\_\_\_

Were you ever convicted of any crime, including motor vehicle violations? 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

Interview            Pass    Fail

Recommend for Membership \_\_\_\_\_ Do not Recommend for Membership \_\_\_\_\_

Interviewers: \_\_\_\_\_

Comments: \_\_\_\_\_