Instructions to apply for membership to the

Lower Southampton Fire Department Station 6

Application process:

1. Download and print this application packet. Complete the application, all information must be included.
2. Follow the directions to complete the State Police background check and the Child Abuse check.
3. Once the application is complete and you have received your background checks, bring the complete packet to the Fire Department, and turn it into the Membership Committee or one of the Officers. This can be done on a Monday or Thursday from 7PM to 9PM.
4. Attend the General Monthly Meeting which is held the 2nd Thursday of the month. You must be present at the meeting to be voted into the Department.

Criminal History Check

All applicants are required to complete and furnish a copy of the *PA State Police Criminal Record Check prior to* being accepted as a probationary member of the Lower Southampton Fire Department

All applicants over 18 years of age are required to complete and furnish a copy of the *PA Child Abuse History Clearance* within 1 month of acceptance as a probationary member. Failure to do so could result in dismissal from the Department.

1. **PA State Police Criminal Record Check- Applicant required to access the PA State Police Website @ https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Criminal-Background-Check.aspx**

   At website click "Submit a New Record Check" Follow the instructions to receive report.

2. **PA Child Abuse History Clearance - Applicant required to access the PA Child Abuse Website @**

https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/PA-Child-Abuse-History-Clearance.aspx

Lower Southampton Fire Department 466 Elmwood Ave. Feasterville, PA 19053 215-357-8517

I, (PRINT NAME) _____,
HEREBY MAKE APPLICATION TO THE Lower Southampton Fire Department, Station 6. I understand that my acceptance or rejection is by vote of Company members. I also understand that my membership is for no definite period and may be revoked in accordance with the Company's By-Laws.

I authorize investigation of all the information contained in this application. This investigation may include a Criminal History check, and/or a driver's license check, conducted by the Lower Southampton Township Police Department or any appropriate Authority.

I understand that this application may be reviewed at any time. I also understand that, if accepted, I will be on probation for a minimum of (1) One year from the date of acceptance and that any misinformation contained in this application shall be cause for disciplinary action up to and including expulsion.

Date: _____ Signature: _____

Application **must** be returned two weeks prior to the monthly Department meeting. Any application received after that period will be addressed at the following Monthly Department meeting.

Lower Southampton Fire Department 466 Elmwood Ave. Feasterville, PA 19053 215-357-8517

Name: _____Date of Birth: _____/_____/_____
(Please print clearly) MTH DAY YEAR

Position applying for: (circle) Fire Fighter / Fire Police / Contributing

Present address: _____
_____

Home Phone Number: _____ Cell: _____

E-Mail address: _____

Driver's License # _____ State: _____

Has your license ever been suspended or revoked? (circle) YES NO

If yes, please explain:
_____
_____
[ ] continued on back side of this sheet.

Last 4 numbers of Social Security _____

Lower Southampton Fire Department 466 Elmwood Ave. Feasterville, PA 19053 215-357-8517

Employment:

Present Employer: _____Phone # _____

Address: _____

Years with employer: _____ Contact: _____

Firefighting Experience:
Have you ever been a member of or applied at any other fire Company? YES/NO

If "yes" Name of Fire Company: _____

List any emergency service training completed: _____
_____
_____
[ ] continued on back side of this sheet. (Please list which training facilities)

I certify that the information contained within this application is true, correct, and complete to the best of my knowledge and is subjected to verification. Any information found to be false, or misleading is grounds for refusal of this membership application.

_____ _____
Signature** Date

**If junior applicant (Under 18 years of age), a parent must sign consent for membership.

_____
Parent or Guardian signature