



Instructions to submit an application for membership to the  
**Lower Southampton Fire Department**  
**Station 6**



Application process:

- 1 – Download and print this application packet.
- 2 – Complete the application, all information must be included.
- 3 – Follow the directions to complete the Police background check and the Child Abuse check. Note, any costs associated with these are the responsibility of the person applying to the Department.
- 4 – 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 or on the day of the Prospective Member briefing which will be Wednesday, 2 weeks before the General Monthly Meeting which is held the 2<sup>nd</sup> Thursday of each month.
- 5 – Attend the Prospective Member Briefing. Dates will be posted on the web site on the calendar of events.
- 6 – Attend the General Monthly Meeting which is held the 2<sup>nd</sup> Thursday of the month. You must be present at the meeting to be voted into the Department.

NOTE: Anyone under the age of 18 must have parental consent and the parent(s) must be present at the Prospective Member Briefing and the New Member Orientation if the Junior is voted into the Department.

Once you are voted into the Department:

- 1 – At the meeting you will need to provide an email address for the purpose of being added to the web site. Much of the information you will need is in the Members only section.
- 2 – Attend the New Member Orientation.
- 3 – At the Orientation you will be assigned a Sponsor who will be your primary point of contact in the Department and will be available to answer your questions.
- 4 – During this Orientation you will watch a PowerPoint Presentation, be given a detailed overview of the Apparatus and building, go over the calendar of events and your responsibilities, and go over the training needed for the type of member you want to be, I.E. Fire Fighter, Fire Police, etc.
- 5 – You will be instructed on the process of attaining the gear for the position that you are applying for as well as how you can become an Active Member and what that means.
- 6 – You will need to review the By-Laws of the Department which are available in the Members Only section of the web site.

If at any time you have any questions, you can email the Membership Committee at [membership@ls6fd.com](mailto:membership@ls6fd.com)



## New Member Checklist

Use this checklist to make sure you have everything that you need.



Application packet: Date downloaded \_\_\_\_\_

\_\_\_\_\_ Completed Application – with applicable signatures

\_\_\_\_\_ Criminal Background Check Document (original)

\_\_\_\_\_ Child Abuse Check Document (original)

\_\_\_\_\_ Yearly Dues: Currently \$5.00

Prospective Member Briefing Date \_\_\_\_\_

(Can be found on the Calendar of Events on the web site)

\_\_\_\_\_ Viewed PowerPoint Presentation

\_\_\_\_\_ Questions Answered

\_\_\_\_\_ Parent attended if Junior Applicant

Attended General Monthly Meeting? Date: \_\_\_\_\_

Voted into Department? Yes \_\_\_\_\_ or No \_\_\_\_\_

\_\_\_\_\_ Provided email to Membership committee for addition to the web site.

Sponsor Assigned: Name \_\_\_\_\_

Attended New Member Orientation: Date \_\_\_\_\_

(Can be found in the Members Only Section under Calendar of Events)

\_\_\_\_\_ Viewed PowerPoint Presentation

\_\_\_\_\_ Reviewed New Fire Fighter Book (available in the Members Only Section of the web site)

\_\_\_\_\_ Overview of Apparatus / Building

\_\_\_\_\_ Overview of calendar of events

\_\_\_\_\_ Understanding of the methods and timelines for attaining gear for desired position in the Department.

\_\_\_\_\_ Reviewed and understand the By-Laws of the Department. (Available in the Members Only section of the web site.)

\_\_\_\_\_ Registered for the training required for the desired position in the Department.



**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 Companies Constitution and 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 Dues are \$5.00, which must be paid prior to application acceptance. Yearly Dues are \$5.00 if active and \$20 if in-active and are due prior to the November meeting of each year. 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**

## **Statement Regarding Criminal Background Status Pursuant to Act 168 of 2006**

I \_\_\_\_\_ have never been convicted of an offense that constitutes the crime of “Arson and related offenses” under PACC Title 18 section 3301 (Arson and related offenses) & 3303 (Criminal Mischief).

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

I understand that if I knowingly make any false statement herein, I may be subjected to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Lower Southampton Fire Department**  
**466 Elmwood Ave.**  
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**Name:** \_\_\_\_\_ **Date of Birth:**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Please print clearly when filling out this application) MTH DAY YEAR

Status applying for: (circle one) Full Active Status      Contributing Status

Position applying for: (circle) Fire Fighter / Junior Fire Fighter / Fire Police /  
Contributing, Other: \_\_\_\_\_.

Present address: \_\_\_\_\_  
\_\_\_\_\_.

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_.

E-Mail address: \_\_\_\_\_.

Previous address (within the past 5 years):  
\_\_\_\_\_  
\_\_\_\_\_.

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_.

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

If yes please explain:  
\_\_\_\_\_  
\_\_\_\_\_.

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Have you ever had a license from another State? (circle) YES NO

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_.

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

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_.

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: \_\_\_\_\_.

Name of Officer to contact and phone #: \_\_\_\_\_.

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List any emergency service training completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

[ ] continued on back side of this sheet. (Please list which training facilities)

Have you been trained in; First Aid YES / NO  
CPR YES / NO

Physical record;

Do you have any disabilities, past or present, that could affect your fire Company duties? YES or NO, if "yes", please explain \_\_\_\_\_  
\_\_\_\_\_.

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Doctors name: \_\_\_\_\_ Phone# \_\_\_\_\_.

Address: \_\_\_\_\_.

Blood type: \_\_\_\_\_ Are you an organ donor? YES or NO

Medic Alert information: \_\_\_\_\_.

Allergies to Medications: \_\_\_\_\_.

Date of last Tetanus shot: \_\_\_\_\_. What Dr. Facility? \_\_\_\_\_.

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PERSONAL REFERENCES: (Please list three references)

Name: \_\_\_\_\_ Phone# \_\_\_\_\_.

Address: \_\_\_\_\_.

Years known: \_\_\_\_\_ Affiliation: \_\_\_\_\_.

\*\*\*\*\*

Name: \_\_\_\_\_ Phone# \_\_\_\_\_.

Address: \_\_\_\_\_.

Years known: \_\_\_\_\_ Affiliation: \_\_\_\_\_.

\*\*\*\*\*

Name: \_\_\_\_\_ Phone# \_\_\_\_\_.

Address: \_\_\_\_\_.

Years known: \_\_\_\_\_ Affiliation: \_\_\_\_\_.

\*\*\*\*\*

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



For Office Use Only  
(Do not fill out)

Interviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_

Background/Records/Criminal History check complete: YES / NO  
Originals Provided : YES / NO

\_\_\_\_\_ Clear or \_\_\_\_\_ Request further investigation

Received Beneficiaries form: YES / NO

Signed Department Harassment Policy Form: YES / NO

Acceptance date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

12 Month vote: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTES:

Termination or Resignation Date: \_\_\_\_\_



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## 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://epatch.state.pa.us/Home.jsp>

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

*There is a fee for this report that is the responsibility of the applicant to pay.*

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

<http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>

Follow the instructions to submit this form.

*There is a fee for this report that is the responsibility of the applicant to pay.*

An applicant's report that indicates a criminal history will require that the candidate meets with the Board of Trustees to discuss the results. The Board of Trustees will then decide if the candidate will be accepted into the Lower Southampton Fire Department