



Hummelstown Chemical Fire Company #1

P.O. Box 312
249-251 East Main Street
Hummelstown, PA 17036
Phone: (717) 566-8574
Fax: (717) 566-8592
Email: hcf46@comcast.net
www.hummelstownfire.org

Membership Application

Application Type (Please circle one): New Renewal
Membership Type: Social Junior Active

Personal Information:

Name: _____ Date of Birth: _____

Full Address: _____

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Home Phone: _____ Cell Phone: _____ Cell Phone Carrier: _____

Do you want fire calls via text? In order to get fire calls directly to cell phone, via text, cell phone # and carrier are required. **Volunteer assumes financial responsibility for all text messages.**

YES NO _____ Initials

Email Address: _____

Medical History: Any past or present medical problems – Coronary, pulmonary, blood, mental, etc.?
(Preferred for Active Firefighter applicants. Social Members not required.) Please include dates.

Have you ever been arrested/convicted of a crime? If yes, please explain. Yes No

In order to be granted membership in the Hummelstown Chemical Fire Company #1, you are **REQUIRED** to provide copies of your State Police Criminal Background check and Child Abuse Protection Certificate to **indicate satisfactory standing**.

State Police Criminal Background Check: <https://epatch.state.pa.us/Home.jsp>

Child Abuse Protection Certificate: <https://www.compass.state.pa.us/CWIS/Public/Home>

Employer Name: _____ Job Title: _____

Address: _____ Typical Shift: _____

**** In the event of emergency, notify:**

Name: _____ Relationship: _____ Phone Number: _____

Driving Information:

Driver's License #: _____ CDL? _____ Medical Card Expiration Date: _____

Make, Model & Color of vehicle: _____ License Plate #: PA _____

Do you own a blue light? YES NO Description: _____

Please list all traffic violations for the last 5 years:

Education, Certifications & Experience:

	Name & Address	Major/Study	Graduation Date
High School			
College/ University			
Technical School			

Certifications: Please list all attained Fire/EMS certifications. Include expiration, if applicable. Attach copies of certifications when submitting application.

Do you belong to any other fire/EMS departments?		YES	NO	If so, please list below:
Department Name	Officer in Charge	Phone Number		# of Years

References: Please list two references – at least one should be a current Hummelstown Chemical Fire Company member.

Name:	Phone Number
1. _____	_____
2. _____	_____

****For Junior Members (ages 14-17 years old):**

Juniors-- please remember a grade of a C or better must be maintained in order to participate in fire department events and to run fire calls! Proof of grades will be requested at the conclusion of each marking period. Failure to provide grades or to maintain a C or better will result in pulling fire gear until grades are improved.

School Attending: _____	Grade: _____
Parent/ Guardian Name: _____	Phone Number: _____

I certify that the facts contained in this application are true to the best of my knowledge. I understand that if accepted, any falsified statements on this application shall be grounds for termination. I authorize investigation of all information on this application and release all parties from liability for any damage that may result from the investigation.

Signature: _____ Date: _____
Proposed by (Current Member Name & Signature): _____

In accordance with the new child safety and background check regulations, new members are required to submit to additional background checks. The fees associated to these background checks are a responsibility of the potential member of the Hummelstown Chemical Fire Company #1. Applications must be submitted with a check or cash in the amount of **\$15.00**. Applications submitted **WITHOUT** this non-refundable fee will not be processed. There will also be a yearly membership fee of \$5.00 to maintain the membership. This will be collected in January-February of each year.

Below to be Completed by President of the Hummelstown Chemical Fire Company #1.

Status of Application:	Accepted	Denied
Reason:	_____	
Date:	_____	