



Hilltown Township Fire Company

P.O. Box 231

Line Lexington, PA 18932

Station 60 - 5 Hilltown Pike, Line Lexington, PA

Phone: 215.822.1233

Fax: 215.822.6581

Station 61 - 1118 Route 152, Hilltown, PA

Phone: 215.822.8287

www.HilltownFireRescue.org

MEMBERSHIP APPLICATION

*It is the policy of the Hilltown Township Volunteer Fire Company to afford equal opportunity to become a member without consideration of age, creed, national origin, sex, color, marital status, or disability except where age and physical abilities are bona fide requirements. **Applicant required to compete a PA State Police Child Abuse Background Check.***

Applicant must complete application in its entirety where applicable.

Date: _____

Type of membership applying for (circle only one):

Firefighter Junior Firefighter EMS Administrative Associate Fire Police

Name: _____

Address: _____ Apt#: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Email Address: _____

Cell Phone: _____ Cellphone Provider: _____

Length of time at current address: _____ Years _____ Months

Social Security#: _____ Date of Birth: _____

Age: _____ Height: _____ Weight: _____ Blood Type: _____

Current Employer: _____ Length of time: _____

Address: _____

Occupation: _____ Normal Shift/Hours: _____

Are you able to respond from work: YES / NO

Driver's License Number: _____ State: _____ Class: _____

Endorsements: _____ Restrictions: _____ Expires: _____

Vehicle you drive: Year: _____ Make and Model: _____

Color: _____ Plate number: _____ State: _____

Vehicle Insured by: _____ Policy #: _____

Effective Date: _____ Expires: _____

Medical History: How would you rate your current general health? (circle one)

Excellent Good Fair Poor

Do you currently wear corrective lenses? Yes / No What type: _____

Emergency Contacts:

1. Name: _____ Phone Number: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Relationship: _____

3. Name: _____ Phone Number: _____

Relationship: _____

List Three References: (not related)

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

Education: (circle the highest completed) High school: 9 10 11 12 College: 1 2 3 4 5 6

School: _____ City: _____ State: _____

Military Service: Yes / No Branch: _____ Rank: _____

Name and Address of current or former Fire or Ambulance Companies you held membership:

Emergency Services Training? (provide copies of all certifications held)

List highest level of certification:

Fire: _____ EMS: _____ Haz-Mat: _____



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Release and Disclosure of Information

I (applicant's name) _____, hereby disclose and release all information contained within my application to the Hilltown Township Volunteer Fire Company. I openly and willfully release for the Companies sole use. The Hilltown Township Volunteer Fire Company is hereby requested to disclose no information to any other person, without my written authorization or my designee to do so, pursuant to privilege and communications statues. I hereby waive any privilege to said information to the Hilltown Township Police Department and Hilltown Township Volunteer Fire Company and/or authorized Police and Fire representatives.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

If applicant is a minor, consent must be signed by a parent or guardian:

Signature of Parent / Guardian: _____ Date: _____



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Authorization for Release of Information

Name of Applicant: _____

This is to authorize any person I have given as a personal reference, employer, custodian of records of any schools I have attended, or police departments of any municipality wherein I have resided, or any person having under their custody and control information which I have stated in any application to the Hilltown Township /volunteer Fire Company, to furnish Hilltown township Police Department or their representative thereof, any and all information and /or opinions regarding information to any person, without written authorization from me to do so pursuant to privilege and communications statues. I hereby waive any privilege I have to said information to the Hilltown Township Police Department and the Hilltown Township Volunteer Fire Company and or authorized Police and Fire representative.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

If applicant is a minor, consent must be signed by a Parent or Guardian:

Signature of Parent / Guardian: _____ Date: _____



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Verification of Application for Associate Membership

I (Chief's name) _____ acknowledge that (applicant's name) _____ Has applied for membership with the Hilltown Township Volunteer Fire Company for Associate Membership. I also submit that the above applicant is a member in good standing within (Fire Company/ Department Name) _____
If there are any questions, please contact me at _____.

Respectfully,

(Chief's Signature) Date: _____

This Page for Membership Committee Use Only

Name of Applicant: _____

Date application was received: _____ Date applicant was contacted: _____

Background check completed: Yes / No Date completed: _____

If associate member was Chief contacted: Yes / No

Date Applicant was interviewed: _____

State Police Child Abuse background check completed: Yes / No

Applicants First Reading: _____ Thirty days waived: Yes / No

Applicant Voted in: _____ Accepted / Rejected

Six-month review scheduled for: _____

Probationary Member: Accepted / Rejected on: _____

Members Assigned Fire Company Email: _____ @hilltownfirerescue.org