

Swarthmore
Fire & Protective
Association

JUNIOR MEMBER
APPLICATION

SWARTHMORE FIRE & PROTECTIVE ASSOCIATION

APPLICATION FOR MEMBERSHIP: Volunteer Status

This form is to be completed by the Proposer and the Applicant and filed with the Secretary at a regular meeting of the Swarthmore Fire & Protective Association. The Swarthmore Fire & Protective Association does not discriminate on the basis of race, color, sex, religion, or national and ethnic origin.

GENERAL INFORMATION

APPLICANT'S FULL NAME: _____ SS #: _____

ADDRESS: _____

PHONE: _____ BIRTHDATE: _____ AGE: _____ SEX: _____ MARITAL STATUS: _____

CELL PHONE: _____ E-MAIL: _____

INTERESTS (check all that apply): FIREFIGHTING: _____ EMS: _____ ASSOCIATE: _____

PREVIOUS ADDRESS: _____
(home town, if student)

EMPLOYER: _____ BUSINESS PHONE: _____
(school, if student)

EMPLOYER ADDRESS: _____ OCCUPATION: _____
(include class year, if student)

YEARS WITH PRESENT EMPLOYER: _____ FORMAL EDUCATION: _____

FIRE SERVICE/ MILITARY EXPERIENCE: _____

ANY PAST CRIMINAL HISTORY? **Y N** If yes, are you willing to discuss this with the Membership Committee? **Y N**

REFERENCES

Please provide at least three professional, character or personal references. If you are presently a member (Volunteer or Paid) of another emergency service organization (including medical transport companies), a professional reference from a company officer or supervisor is required. References from relatives or family members will not be accepted.

Name: _____ Relationship/Association: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-Mail: _____

Name: _____ Relationship/Association: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-Mail: _____

Name: _____ Relationship/Association: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-Mail: _____

APPLICATION FOR MEMBERSHIP – *Continued*

ACTIVITY COMMITMENT

Do you realize that the Swarthmore Fire & Protective Association is not a social club and that as a member you will be required to give freely of your time to meet attendance requirements for emergency calls, meetings, drills, and training? **Y N**

Do you realize that the Swarthmore Fire & Protective Association has minimum training & participation requirements which must be met annually in order to retain membership? **Y N**

CERTIFICATION AND SIGNATURES

By signing this application I agree to undergo the required physical examination by a medical doctor and give the Swarthmore Fire & Protective Association or its agent(s) permission to conduct a background check with my employer, school, police and/or any other law enforcement authorities.

I understand that I have given permission to Swarthmore Fire & Protective Association or its agent(s) to conduct reference checks with the references provided, past, present or future employers, co-workers, family, friends, or any other acquaintances that I may have been in contact with.

I certify that the facts contained in my application for membership are true and complete to the best of my knowledge and understand that falsification and/or omissions of any information on this application is grounds for dismissal.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(required if applicant is under 18 years old; if applicant is still in school, working papers are also required)

PROPOSER ENDORSEMENT

The proposer, a member in good standing of the Swarthmore Fire & Protective Association, recommends the above individual for membership.

PROPOSER'S SIGNATURE: _____ DATE: _____

The above signed agrees to present and propose the applicant to the general membership and assist with their application process.

INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Investigating Committee use only (IC member initial and date when completed):

_____ APPLICATION RECEIVED	_____ PROPOSED
_____ RECOMMEND BY INVESTIGATION COMMITTEE	_____ DUES RECEIVED
_____ SEXUAL HARRASSMENT & BBP TRAINING	_____ MEDICAL RECEIVED
_____ ACCOUNTABILITY TAG FORM RECEIVED	_____ PHOTO ID TAKEN
_____ EMS/FIRE SCHOOL CONTRACT	_____ JUNIOR CONTRACT
_____ SCHOOL WORKING PAPERS RECEIVED	_____ REFERENCE CHECK(S)

BACKGROUND/REFERENCE CHECK(S) FINDINGS: _____

Secretary use only:

DATE MEMBERSHIP APPROVED: _____ PROBATIONARY: _____ JUNIOR: _____ SENIOR: _____

DATE AND REASON FOR DISCONTINUANCE OF MEMBERSHIP: _____

Tri-Boro Accountability Tag Information Form

Information will be printed and sealed inside of your accountability tag. Information will be utilized in case of an emergency for accurate medical care. This information will be evaluated annually in case of change in medical status.

Your Name: _____

Emergency Contact:

Name: _____ **Relation:** _____

Number: _____

Alternate contact if desired

Name: _____ **Relation:** _____

Number: _____

Family Medical Doctor:

Name: _____ **Number:** _____

Allergies to Medications:

Place check mark if none _____

- _____
- _____
- _____
- _____

Medical History:

Place check mark if none _____

- _____
- _____
- _____
- _____

Meds:

Place check mark if none _____

- _____
- _____
- _____
- _____

Please make sure all information is correct and sign below

Signature: _____ **Date:** _____

CONTRACT FOR JUNIOR AND JUNIOR JUNIOR MEMBERS

The Constitution of the Swarthmore Fire & Protective Association (hereafter "SF&PA") provides for a class of membership comprised of individuals between the ages of 14 and 18. Membership in this class, like membership in any other membership class of the SF&PA, is a privilege.

A Prospective Junior Member (defined as an individual between the ages of 16 and 18) or a Junior Junior Member (defined as an individual between the ages of 14 and 16) must read and understand the Rules and Regulations governing the duties of members of the SF&PA and the Code of Conduct for members of the SF&PA. The duties are governed by the laws of the Commonwealth of Pennsylvania and by the rules of the SF&PA, and are contained in a document entitled "Swarthmore Fire & Protective Association: Membership Duties." The rules governing membership conduct are contained in a document entitled "Swarthmore Fire & Protective Association: Code of Conduct."

The aforementioned documents setting forth the duties and the code of conduct for members of the SF&PA must additionally be reviewed by the parent(s) or guardian of any prospective Junior Member or Junior Junior Member. By signing this Contract, the prospective Junior Member or Junior Junior Member agrees to adhere at all times to both the terms of this Contract and to the rules and regulations established by the documents establishing the Membership Duties and the Code of Conduct.

Prior to being presented as a candidate for Membership at a General Meeting of the SF&PA, this contract and the SF&PA Code of Conduct and Duties of Membership will be reviewed by the Chief and the members of the Investigating Committee with the prospective member and his or her parent(s) or guardian. This contract will then be signed by the prospective member, his or her parent(s) or guardian, and the Chief.

AND NOW, this _____ day of _____, 2003, and intending to be bound by the terms of this Contract, the signatories to this document hereby agree that the following terms and conditions shall govern the membership of _____ as a Junior or Junior Junior Member of the SF&PA.

1. The undersigned prospective Junior or Junior Junior Member hereby acknowledges receiving and reviewing the documents entitled "Swarthmore Fire & Protective Association: Code of Conduct" and "Swarthmore Fire & Protective Association: Membership Duties." The prospective member hereby affirms that he or she both understands and has had the significance and the contents of these documents explained. The prospective member agrees to follow the rules and regulations set forth in these documents.

2. The education of the prospective member has absolute priority over any involvement of the prospective members in the activities of the SF&PA. Poor grades, poor attendance, or poor behavior at school will result in suspension from the Association. The undersigned parents or guardians hereby agrees to notify the SF&PA in the event that he or she

is notified by the prospective member's school that the prospective member's grades, attendance or behavior is unacceptable.

3. Any and all responsibilities and duties of the prospective member that have been established by the parent have priority over any involvement in the activities of the Association.

4. Any infraction of any of the SF&PA's Rules, Regulations, Policies, or Procedures, whether written or verbal, may result in disciplinary action. The prospective Junior or Junior Junior Member understands that membership in the Association is a privilege that, in the event of any violation of the terms of this contract, may be suspended by the Chief, a live officer of the SF&PA appointed by the Chief and/or the Board of Directors.

5. Copies of this contract have been provided to the prospective member and his or her parent(s) or guardian. The original shall be kept with the prospective member's records.

WHEREFORE, in light of the undersigned now put their hands and seal on the date first set forth above:

Applicant

Parent/Guardian

Parent

Fire Chief

SWARTHMORE FIRE & PROTECTIVE ASSOCIATION

PHYSICAL EXAMINATION RECORD

Medical History (To be completed by applicant or examinee)

NAME: _____ SEX: _____ DATE OF BIRTH: _____ AGE: _____
(last) (first) (middle)

ADDRESS: _____ HOME PHONE: _____

PERSONAL PHYSICIAN: _____
(name) (address) (phone)

MEDICAL HISTORY: Please list all medical conditions/problems that you are currently diagnosed with or have been diagnosed with in the past:

MEDICATIONS: Please list all medications that you are currently taking:

ALLERGIES: Please list any medications you are allergic to as well as any dietary or environmental allergies:

IMMUNIZATIONS:

PPD: Date placed _____ Date read _____ Results ___(pos) ___(neg)

if Positive, results of Chest X-Ray _____, appropriate treatment received _____

***PPD must be placed with Physical unless documentation is provided of a PPD test within the last year.**

When was your last Tetanus Toxoid booster? (approximate date) _____

Have you received a pertussis booster? _____

Are you up-to-date on the following vaccines?

Yes No

Hepatitis-B (series of three shots) _____

Polio _____

MMR _____

Chickenpox _____

(please note if you had chickenpox rather than the vaccine)

FAMILY HISTORY: (Mother, Father, Brothers, Sisters): List any significant diseases and age at death if any are deceased.

If any of the following are checked "Yes," give details in space provided (Age, condition, etc.)

Yes No

Have you ever been a patient in a medical hospital or a mental health institution? If yes, explain below.

Have you ever filed a compensation claim or received benefits as a result of an industrial injury or disease? If yes, explain below.

Have you missed more than a total of ten days work during the past two years? If yes, explain below.

Has your work ever been restricted because of your health? If yes, explain below.

Do you have any physical or mental complaint at present? If yes, explain below.

Do you use alcoholic beverages? Occasionally _____, Daily _____, How much? _____

Do you smoke? If yes, for how long, and how much? _____

Use this space to add any additional information:

I have reviewed the foregoing statements. This information is true and correct to the best of my knowledge.

Signature of Applicant/ Examinee

