

Swarthmore
Fire & Protective
Association

SENIOR 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:** _____

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

