

IRISHTOWN FIRE COMPANY INC.



MEMBERSHIP APPLICATION
ALL INFORMATION MUST BE COMPLETED (PLEASE PRINT CLEARLY)

ACTIVE _____ JUNIOR _____

NAME _____ DOB ____/____/____ SS# ____/____/____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (_____) _____ - _____ AGE _____

SEX _____ MARRIED YES / NO SPOUSES NAME _____

PHYSICAL OR MENTAL DISABILITIES YES / NO IF YES, EXPLAIN _____

ARE YOU A CURRENT MEMBER OF ANOTHER FIRE COMPANY YES / NO IF YES, COMPANY NAME AND COUNTY _____

PLACE OF EMPLOYMENT _____ PHONE (_____) _____ - _____

REFERENCE _____ PHONE (_____) _____ - _____

REFERENCE _____ PHONE (_____) _____ - _____

MEMBER RECOMMENDING _____ PHONE (_____) _____ - _____

PLEASE READ BEFORE SIGNING

All candidates for membership in this Company must complete this application form and submit to the PA State Police the attached Request for Criminal Record Check. Upon receiving background check from PA State Police, applicant then submits this completed application, first years dues and PA State Police Record Check, to any Fire Co. officer. Applicant must attend either the meeting in which his/her application is presented or subsequent meeting at which time voting will take place. The proposed member will be notified by the member recommending the application as to the time and date of these meetings. Upon election into this company the new member will be placed on a 6 month probation period and be required to attend as many meetings, trainings, functions and emergency calls (if qualified) as possible.

Upon signing, the proposed member releases all rights to a full investigation by this company. The company reserves the right to expand the information gathered beyond local and PA State Police.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION FEES

Active or Social Member_ \$20.00 (\$10 to Fire Co./\$10.00 for background check) Dues yearly there-after_ \$10.00

Junior Member (ages 14-18)_ \$5.00

Key Card Fee_ \$5.00 (fee can be waived if you already have access card from another organization)

DO NOT WRITE BELOW THIS LINE _____

Amount paid _____ 1st reading date ____/____/____ 2nd reading date ____/____/____

Date Proposed Member attended meeting ____/____/____ Date Proposed Member voted on ____/____/____

Accepted _____ Rejected _____

Signature of Investigating Trustee _____ Date ____/____/____

BG&H Investigators, LLC

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION For Volunteering

Thank you for your application with IRISH TOWN FIRE CO. (Hereinafter referred to as Company.) As a condition of volunteering, and/or continued volunteering, that all applicants consent to and authorize a pre-volunteering verification of their background, including, but not limited to, information submitted on their application or résumé.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I am granted volunteer status, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am volunteering, conduct a verification of my criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province.

I authorize BG&H Investigators, LLC and any of its agents/designated Company Personnel or affiliates, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of the Company.

I have read and understand this release and consent, and I authorize the background verification. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, its agent, BG&H Investigators, LLC, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Please Complete the form below:

APPLICANT:

Signature		SS#:	
Name typed or printed		Date	
Address	License #	Type	State
City	State/Zip	Date of Birth	

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.