



Southern Area Fire and Emergency Rescue
50 South School Place
Dallastown, PA 17313
717-246-1629

New Membership Application Form

Section 1: Personal Information

Name: _____
First M.I. Last

Address: _____ City/State/Zip Code: _____

Email Address: _____ Phone Number: _____

Home Station (circle one): Station 13-1 Station 13-2

Section 2: Employment

Current Employer: _____ Job Title: _____

Employer Address: _____

Employer Phone Number: _____ Length of Employment: _____

Section 3: Education

Highest Degree Earned (circle one): H.S. Diploma/GED Associates Bachelors
Masters Doctoral Other: _____

Schools Attended (list all): _____

Section 4: References - List 3 references that have known you for at least 2 years, are not relatives, and are over 21 years of age.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Section 5: Type of Membership

Place an “X” on the line next to the type of membership being requested.

_____ *Active Firefighter:* Any individual, 18 years of age or older, wishing to fulfil the duties of a SAFER firefighter or fire police officer. Must successfully complete an interview and background investigation and complete up to a 1-year probationary period. Must attend 25% of fire calls, 50% of trainings, 25% of fundraising and work detail hours (combined) and attend at least 6 fire company meetings a year.

_____ *Active Member:* Any individual, 18 years of age or older, wishing to fulfil the duties of an active SAFER member as defined in the bylaws. Must successfully complete an interview and background investigation and complete up to a 1-year probationary period. Must attend 25% of fundraising hours, 25% of work details, and attend at least 6 fire company meetings a year.

_____ *Junior Firefighter:* Any individual, 14 – 17 years of age, wishing to fulfil the duties of a SAFER firefighter. Must successfully complete an interview and background investigation and complete up to a 1-year probationary period.

_____ *Social Member:* Any individual, 18 years of age or older, wishing to fulfil the duties of a social SAFER member as defined in the bylaws. Must successfully complete an interview and background investigation and complete up to a 1-year probationary period.

_____ *Associate Member:* Any individual, 18 years of age or older, wishing to participate exclusively in the York County Advanced Technical Rescue (ATR) Team on behalf of the Company for ATR Membership. Must successfully complete an interview and background investigation and complete up to a 1-year probationary period.

Section 6: Experience (Active Firefighter Membership Only)

Do you have any Fire Fighting Training or Emergency Medical Service Training? _____

If the above answer is “Yes”, include proof of the training (i.e. certificate) when submitting this form.

Do you have any physical or medical conditions which would limit your ability to perform any firefighting functions? _____

If the above answer is “Yes”, explain: _____



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Have you ever been, or are presently, an active member of any other emergency service organization? _____

If the above answer is “Yes”, list the name(s) and your status of the organization(s) below.

<u>Name of Organization</u>	<u>Location</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you ever suspended or expelled from any emergency service organization? _____

If the above answer is “Yes”, list the organization and the reason for suspension/expulsion.

Section 7: Emergency Contact Information

Emergency Contact #1

Name: _____ Relation: _____

Address: _____

Phone Number: _____

Emergency Contact #2

Name: _____ Relation: _____

Address: _____

Phone Number: _____



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Section 8: Clearances – Complete and attach the required clearances found in the “SAFER Clearance Requirements Packet”.

Section 9: Affirmation

I, _____, do hereby confirm that, to the best of my knowledge, the information I have provided is true and correct. I realize that by submitting this application I give my permission to have a background investigation conducted to verify that this information is true and correct. I understand Southern Area Fire and Emergency Rescue does not discriminate in membership on the basis of race, color, creed, sex, religion, or national origin.

Signature: _____ Date: _____

Parent/Guardian Signature (for Junior applicants): _____

Section 10: Confirmation (For Fire Company Use Only)

Application Received By: _____ Date: _____

Recommended for Membership: YES NO

If required, reasons or comments relative to the recommendation decision: _____

MARB Chairperson Signature: _____ Date: _____

President Signature: _____ Date: _____