

LOGAN TOWNSHIP VOLUNTEER FIRE SERVICE



STANDARDIZED MEMBERSHIP APPLICATION

Please place a check beside the desired department

- Greenwood Lakemont
 Newburg Logan Township United

Membership Application Instructions – Please Read

You are applying for membership in ONE of the four volunteer fire departments that serve Logan Township – they are Newburg, Lakemont, Greenwood and Logan Twp United Fire Department.

Once you have downloaded and completed the application, please assure you have completed the following important steps.

- () Complete the application in ink, or use the PDF fill in option before you print the application.
- () Submit a request for a Pennsylvania criminal history background check on line (cost \$10.00). Print the background check results and attach them to the application when you submit it. **Retain the original.**
- () Download and complete the Pa Child Welfare History Check form. Submit this form via US mail along with a COPY of your criminal history check results to the address provided. (cost \$10.00)
- () Submit the completed application, criminal history and child welfare check results, and proof of payment for background checks to the appropriate department membership committee or officer.
- () If you are applying for membership, and already have specific emergency services training, please attach all certifications and course certificates to your application. Previous training is not required, but is helpful.
- () The department for which you are applying will conduct a background check in accordance with their specific organizational structure. Criminal History and Child Welfare Clearance is Mandatory and cannot be waived.
- () You should expect to be called for an interview with the respective departments membership committee or investigation committee and know that all of your references will be checked thoroughly.
- () Your application is subject to review by all fire chief's of Logan Township and you may only become a member of one department. You should select a department that is geographically close to you so your membership is mutually beneficial
- () If approved, you will be assigned a membership category by your department, entered into the personnel records management system and be introduced to the volunteer training program both in-house and across Logan Township.
- () You will be asked, if approved for membership, to complete a demographic form and to designate a beneficiary for benefits carried on active emergency responders by your department and the Logan Township Volunteer Fireman's Relief Association.

Applicant, retain only this page for your records

Name of person receiving your application

Signature of person receiving your application

Date Handed In

Newburg Fire Assn
2808 Washington Ave
Altoona, Pa 16601
fschwarze@lftfire.com
814 944 5994

Lakemont Vol Fire Co
312 Lotz Ave
Altoona, Pa 16602
clong@lftfire.com
814 943 2174

Greenwood Fire Department
1500 E Pleasant Valley Blvd
Altoona, Pa 16602
mlockard@lftfire.com
814 943 9185

Logan Twp United Fire Dept
611 Grandview Rd
Altoona, Pa 16601
membership@lftfire.com
814 943 2668

APPLICATION FORM:

Department Desired – **check only one:** () Greenwood () Lakemont () Newburg () United

DATE OF APPLICATION: _____

Applicant's Full Name LAST _____ FIRST _____ MI _____

Applicant's Current Address _____

Applicants Contact Info: Home Phone: _____ Cell Phone: _____ Email: _____

I am at least 18 years of age () Yes () No Have you ever been a member of any fire department in any jurisdiction? () Yes () No

If yes, please list where, when and whether membership is current _____

Have you ever been convicted of a crime () Yes () No - IF YES, please explain type of crime, date of crime and case disposition:

EDUCATION HISTORY:

High School Attended _____ Did you graduate? _____ GED _____

College Attended _____ Did you graduate? _____ Major _____

Technical School Attended _____ Did you graduate? _____ Major _____

EMERGENCY SERVICE TRAINING CERTIFICATION or EDUCATION (Please Attach all Training and Certifications)

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

Course/Program _____ Date Completed _____

EMPLOYMENT HISTORY (List current employer first, then previous employers)

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

PERSONAL REFERENCES - Please list five references for verification which are not related to you.

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____ Email _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____ Email _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____ Email _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____ Email _____

Name _____ Member of any fire department? _____

Relationship _____

Address _____

Telephone Daytime _____ Evening _____ Email _____

APPLICANT SIGNATURE:

By signing this application, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the Logan Township Volunteer Fire Service to contact individuals, employers, educational and any other entities which become known through this verification process for the purpose of background verification. It is my clear understanding that this application may or may not result in membership in one of the Logan Township Volunteer Fire Company Departments and that the presence of criminal history or child welfare violations, and/or any false information included in the application, will preclude further processing of this application for membership and your application for membership will be denied.

Applicant's Printed Name _____ **Applicant's Signature** _____ **Date** _____

Parent's Printed Name _____ **Parent's Signature** _____ **Date** _____

(Required if applicant is less than 18 years of age and Applying for Junior Membership)

FOR INTERNAL USE ONLY

CANDIDATE - INVESTIGATOR CHECKLIST

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

Applicant Name: _____ Email: _____

PROOF OF PAYMENT ATTACHED: () YES () NO VERIFIED BY: _____

() Original Criminal History Check Form attached to application and has been reviewed by: _____

() Original Child Welfare History Report attached to application and has been reviewed by: _____

() APPLICANT IS A JUNIOR – Age 14 – 18 years of age

() Parent Permission Signature has been verified on the application before processing by: _____

() Applicant has provided a valid work permit attached to the application verified by: _____

MEMBERSHIP INVESTIGATION COMMENTS

() Membership Investigator has completed background reference checks on this date: _____

Reference Comments: _____

() Membership Investigator has completed candidate interview on this date: _____

Interview Comments: _____

MEMBERSHIP INVESTIGATION RECOMMENDATION

() Candidate is NOT recommended for Membership – Background Check Failure / Falsification of Application

() Candidate is Recommended for Membership – Background Check / Reference Checks are Favorable

Recommended for Membership Class: (As determined by company/dept)

() Junior 14-16 () Junior 16 -18 () Probationary AR () Probationary NR () Social () Auxiliary () Booster

Investigator Name (Printed)

Investigator Signature

Date