



Old Lycoming Township Volunteer Fire Company

1600 Dewey Avenue • Williamsport, Pa. 17701-1514

Fire Admin 570-323-7016 • EMS 570-323-1665 • Fax 570-323-5473

Visit us on the web at www.station14.org

Membership Application

(Return this portion of the application to the company)

I _____, hereby apply for (circle appropriate category), **ACTIVE, COLLEGE, JUNIOR, SCUBA**, or **NON-RESIDENT**, membership in the Old Lycoming Township Volunteer Fire Company Inc. I am a citizen of this country and of good character and good standing. A copy of my Birth Certification from the Bureau of Vital Statistics shall accompany this application, and if elected to membership, I shall abide to all Bylaws and Standard Operating Guidelines of this organization. I hereby certify that all of my statements are true and correct contained within this application.

MEMBERSHIPS

Active - Persons 18 years and older who are interested in fire and ambulance

College Student - Attending a local college

Junior - Persons 16-18 years old

Scuba - Persons interested in water activities

Non-Resident - Persons who live outside of our primary residents area, but work in our required resident area, and are able to leave work for calls. (A full description of membership types can be found in the Section 6 of the company's bylaws)

Applicant Signature: _____

Date: _____

If under 18 years of age, signature of parent or legal guardian is required.

Guardian Signature: _____

Endorsed by: _____

Must be endorsed by an Old Lycoming Fire Co. Member

This Application Valid for 90 Days

Official Use Only

1. Date Application Accepted: _____

2. Initial Reading: _____

Secretary: _____

3. Waiting Period: _____

4. First Vote (Date): _____

Approved: _____ Disapproved: _____

Secretary: _____

5. End of 1st Year Vote (Date): _____

6. Special Vote (Date): _____

Approved: _____ Disapproved: _____

Secretary: _____

Official Use Only

State Police Criminal Record Check Completed

Yes

No

Date: _____

Administrative Officer: _____

Name: _____ Age: _____ Date of Birth: _____

Social Security Number: _____ Email: _____ Sex: _____

Primary Street Address: _____ City: _____

State: _____ Zip: _____ Township: _____ Phone: _____

Secondary Street Address: _____ City: _____

State: _____ Zip: _____ Township: _____ Phone: _____

Married Single Number of Dependents: _____

Spouses's Name: _____

Your Occupation: _____ Employer: _____

Address: _____

Past Employers (immediate past two): _____

References (other than relatives) Include: Name, Address, Phone Number

1. _____

2. _____

3. _____

List all Fire and/ or EMS services that you have been associated with in the past. Include any present association. (Use additional sheet if necessary) Copies of all past Fire/ EMS training certificates or cards must be attached to this application upon submission. List any training that you do not have certificates or cards for on additional sheet of paper.

1. _____

2. _____

3. _____

4. _____

Have you ever been convicted of any misdemeanor or felony crimes? Yes No

If Yes, explain (use additional sheet if necessary): _____

Drivers License Information:

Operator's Number: _____ Class (s): _____ State: _____ Expiration Date: _____

Have you ever been convicted of any traffic violations ? Yes No

If Yes, explain (use additional sheet if necessary): _____

Personal Accountability Tag Information

You should complete the following areas on this form: Name, Phone, Emergency Contact, Doctor Contact, Medical History, Allergies, and Blood Type, to the best of your ability and then sign and date the form at the bottom. The Station's Number, Personal ID Number and Training will be filled out by the Fire Chief. Upon completion of your application we will then take a digital photo of you, your photo along with this form will become your ID tag. This ID tag system is used by all of the fire stations in our county.

Emergency Management Agency Volunteer Enrollment Form

You should complete the top portion of this form to the best of your ability. All members of this fire company are also members of the Township Emergency Management Agency. The Township Emergency Management Coordinator will complete the bottom portion of this form, this form will then be separated from the application and be on file with the township.

Equipment Issued

As a member of the Old Lycoming Volunteer Fire Company you will be issued Fire Company owned equipment in order to function as a member of this company. This equipment may be but not limited to the following: Turn Out Gear, Pager, Uniform, Badge, etc. This equipment will remain the property of the Fire Company, if it should become damaged in any form you should report it to the Fire Chief as soon as possible so that a claim can be submitted to the insurance company for repair or replacement of the equipment if needed. This equipment must be returned to the company if your membership is ever terminated, either voluntarily or involuntarily or if you are requested to do so by the Fire Chief.

I have read the above information related to Equipment Issued and fully understand and agree to this information.

Applicants Signature: _____ Date: _____

Workman's Compensation Claims

Any injuries received while engaged in all fire company related activities must be reported to the Officer in Charge of the activity. Immediately after the activity you should obtain the Employer's Report of Occupational Injury or Disease form, complete the form to the best of your ability and return it to the Officer in Charge or the Fire Company Office Manger. This form will then be submitted to the Old Lycoming Township Office.

Failure to report a claim in a timely fashion may result in Workman's Compensation denying a claim for a payment of injury treatment, and possibly loss of wages from your paid job, thus causing you to pay these fees out of your own pocket. Keep in mind that even if you do not receive medical attention for an injury, a claim must be filed in the event that an injury worsens, possibly several days after it occurred.

I do hereby sign the waiver voluntarily and without duress.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(If applicant is under 18 years of age, signature of a parent of person in loco parentis is required)



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Authorization Waiver

I hereby authorize the release by any person, corporation, organization, agency, or law enforcement agency, of any and or all information requested to the Old Lycoming Township Volunteer Fire Company, The Old Lycoming Township Police Department, the Pennsylvania State Police, or to any other person or agency designated by the Old Lycoming Township Volunteer Fire Company. I further release the provider of the information from any all liability whatsoever for providing said information.

I understand and acknowledge that any information obtained as a result of this release may be disseminated to the Executive Committee of the Old Lycoming Township Volunteer Fire Company and to it's voting membership. With signature below I waive any right I may have to limited or prohibited said dissemination, and release all parties involved from any liability whatsoever for any action or inaction's in the release and dissemination of the information.

I understand and acknowledge that I will be notified in writing of any information of a Criminal Record Check that will be presented and that I may, if I choose, comment in writing of the Criminal Record Check Information to the Executive Committee.

This authorization is signed freely and voluntarily and without duress.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(If applicant is under 18 years of age, signature of a parent of person in loco parentis is required)

Fire Company Witness: _____ Date: _____



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Name: _____

Place an "X" next to the appropriate response below. Then please sign and date at the bottom of the page.

_____ I understand the risks and benefits of immunization with the Hepatitis B Vaccine. I would like to receive the vaccine. In the event that I should have an adverse reaction to my immunization with HBV, I will not hold the Old Lycoming Township Volunteer Fire Company or the individual (s) administering the vaccine responsible for any such adverse reaction. I will release all of the above mentioned companies and individuals from any and all liability.

_____ I understand that due to my occupation (Duties as a Volunteer Firefighter or EMS operator) exposure to blood and other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity tot be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no change to me.

_____ I have already received the hepatitis B vaccination or had a previous exposure to Hepatitis B in the past for which I had a blood screen done demonstrating no further need for vaccination against hepatitis B infection.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(If applicant is under 18 years of age, signature of a parent of person in loco parentis is required)



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Old Lycoming Township Emergency Management Agency Volunteer Enrollment Form

Name: _____ MI : _____ Last Name: _____

Nick Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ D.O.B. ____/____/____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Employer: _____

Skills: _____

IN CASE OF EMERGENCY PLEASE NOTIFY!!!

Name: _____ Relationship: _____

Phone (____) _____ - _____ Cell Phone: (____) _____ - _____

I hereby make application to be a member of the Old Lycoming Township Emergency Management Agency and Agree to abide by the rules that govern this organization.

Applicant Signature: _____ Date: _____

Items to be complete by the EMS Coordinator

Assignment: _____ Status: _____

Enrollment Number: 45- _____ Enrollment Date: ____/____/____

Card Expiration Date: ____/____/____

EMA Signature: _____ Date: _____



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Personal Accountability Tag Information For New & Revised Tags Pleas Fill Out Every Item on Form

First Name: _____ MI : _____ Last Name: _____

Phone: (____) _____ - _____ Email Address: _____

Station Number _____

Applicant Signature: _____ Date: _____

MUST BE FILLED OUT BY CHIEF

Personal ID Number : _____

New Tag Revised Tag

Training

Fire Rescue EMS Hazmat Technical Rescue/Task Force 80 Fire Police

I _____ Acknowledge that the above Member has completed the training
Chief's Signature

indicated above for the P.A.T. He/She shall receive.



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APPLICATION FEE

The Old Lycoming Township Volunteer Fire Company requests a Ten Dollar (\$10.00) Application Fee for all applications including Auxiliary Members.

NO EXCEPTIONS

The Ten Dollar Fee is used for the Criminal Background Check that is ***mandatory*** for all new applicants. The ten dollar fee must be attached to the application when submitted to the Fire Department. Your application will not be read or accepted without the ten dollar fee attached!!