



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

<http://www.station14.org>

Application Procedure

(Keep this portion of the application for your reference)

Applicants must reside in Old Lycoming Township or our response area of the city of Williamsport, (see boundaries below). Non-resident membership is allowed provided you work within the above response area and are able to respond from work when necessary.

- 1) This application is in 2 parts, part 1 is to be kept as a reference for you, and part 2 is to be completed by you and returned to the Fire Company.
 - 2) Fill in all appropriate areas. (Applications not completed in their entirety will not be accepted)
 - 3) Areas on the application with * are for FIRE COMPANY USE ONLY and should be left blank.
 - 4) If applicant is under the age of 18 the application must be signed by a parent or legal guardian.
 - 5) After completing necessary information return the application to the Old Lycoming Township Volunteer Fire Company Office Manager, Monday through Friday from 9:00 a.m. to 4:00 p.m., or President, Mondays 7:00 p.m. to 9:00 p.m.
 - 6) Upon receipt of your application you will be notified to appear for an interview with the membership committee. (At this time you will review the requirements for the type of membership that you have applied for)
 - 7) Upon approval of the committee your application will be presented to the company membership at their regular monthly meeting. A vote will take place as long as the PSP check has been complete. Upon acceptance a 1 year probationary period will begin.
- Note: Monthly meetings are scheduled on the second Monday of each month at 7:30 p.m.
 - City of Williamsport boundaries as set forth by the company are; Arch Street South to West Fourth Street, West Fourth Street East to Campbell Street, Campbell Street North to the City Line.

Prospective Members

First we would like to thank you for your interest in our company, upon the receipt of your application it will be read to the company membership at the next regular meeting, after which, it will lay on the table for 30 days. This must be done for insurance purposes. During this 30 days, if possible, you should attend all meetings and work nights, which are; Mondays and fund raising events whenever held. During this time, however, you **MAY NOT** ride on any equipment or perform any Fire Fighting or Ambulance duties.

At the end of this 30 days, a vote by the membership will be taken on your membership application. If you are accepted by a simple majority of the membership present, you will be put on one (1) year probation. You will also be issued Personal Protective Equipment and a Pager. You should attend as many fire company alarms as possible. You should continue to attend meetings, work nights, and fund raising events, as well as training sessions related to fire or ambulance activities. During the meetings that you attend, you are welcome to express your comments; however, you are not able to vote on any issue, either by voice or ballot, nor can you make or 2nd any motion on the floor. You must abide by the Bylaws and Standard Operating Guidelines of the company. If you are unable to attend meetings due to work, you should submit a note to the secretary, and you will receive credit for attending the meeting.

At the end of your 1 year probation period, a vote will again be taken on you application for acceptance a full member. Your record to date will be discussed before this vote is taken. If you are accepted as a member you will have the same rights as all other members, which include; voting, making and seconds of motions that are made, etc. Please remember, as stated in the Bylaws, at the beginning of each November, each member's record of attendance at alarms, meetings, work nights, and fund raising events, will be reviewed by the officers of the company to determine if you are remaining active. **STAY ACTIVE AND HELP KEEP THIS A GOOD FIRE COMPANY.**

The Administrative and Fire Officers of the Old Lycoming Township Fire Company

The following descriptions, for the different types of memberships, of the Old Lycoming Township Volunteer Fire Company can be found in their entirety, in Article VI of the company bylaws

Section A. Active Membership

1. Prerequisites – Active members shall be at least eighteen (18) years of age. They must reside in Old Lycoming, Lycoming, or Loyalsock Township (Lycoming Creek Road Area), or the city of Williamsport, at the time of becoming a member. It is preferred that they be certified as an EMT or have the ability to obtain said certification within one (1) year. Active members may be members of other fire companies and engage in any activity with said company except hold any elected or appointed office.
2. Privileges – Active members shall have full meeting and voting privileges. They are eligible for any elected and / or appointed office, as outlined in Article V. They are issued appropriate turnout and other gear.
3. Duties – Active members, in order to remain in good standing, must meet or exceed five (5) of any of the following criteria (for each calendar year of membership);
 - a. Attend six (6) regular meeting per twelve (12) month period.
 - b. Twenty (20) hours of company or other training.
 - c. Maintain certification as an EMT or higher for at least one re-certification cycle.
 - d. Ten per cent (10%) of all fire and rescue calls.
 - e. Two per cent (2%) of all ambulance calls or participate in the ambulance on call schedule on a regular basis.
 - f. Thirty per cent (30%) of all fund raising events (e.g. three (3) days of carnival).
 - g. Participate in regular committee, work details or other special details (e.g. Open House, Fire Prevention, Hose Testing).
 - h. Serve actively in elected or appointed officer positions.

Members shall have their activity review by the Membership Committee annually, prior to the October meeting. If said member has not met five (5) of the eight (8) requirements as set forth above, the member shall be notified by letter and will have ten (10) days to respond.

The Membership committee shall issue a report as to the members who have not complied, at the regular October meeting. The company shall vote by written ballot with simple majority rule to, (a) remove said member from the Active roster and place them on the Associate roster; (this will result in an immediate termination of all privileges), or (b) retain said member as an Active member, however said members voting privileges will be suspended at the subsequent annual election.

Section E. Junior Membership

1. Prerequisites – Junior Members shall be at least fourteen (14) and less than eighteen (18) years of age. They shall reside in Old Lycoming, Lycoming, Loyalsock Townships (Lycoming Creek Road area), or the City of Williamsport, at the time of becoming a member. They must have completed an American Red Cross Standard First Aid course or its equivalent, or higher, or have the ability to obtain said training within one (1) year of applying for membership. Junior members shall abide by the rules and regulations as promulgated by the Child Labor Law.

A Junior Member may apply for Active membership by filing the appropriate application with the Membership Committee thirty (30) calendar days prior to their eighteenth (18th) birthday.

- a. If they have been a member for one (1) year or more, they may complete a rollover application, which will be submitted to the company for vote.
 - b. If they have been a member for less than one (1) year, they must complete a full regular application, which will be submitted to the company for vote.
2. Privileges – Junior Members shall abide by all the SOG's pertaining to their unique status, as outlined in the SOG manual. They are not eligible to vote, make or second motions, or hold elected or appointed offices. They may attend meetings and enter into discussions. They may be issued turnout gear and related equipment as deemed necessary by the Chief or his / her designee.
 3. Duties – Junior Members, in order to remain in good standing, must meet or exceed four (4) of any of the following criteria.
 - a. Attend six (6) regular meetings per twelve (12) month period.
 - b. Ten (10) hours of company or other training.
 - c. Maintain current course completion card for Standard First Aid (including rescuer CPR) or its equivalent(s), or a certification that supersedes the above, such as first Responder or EMT.
 - d. Five per cent (5%) of all fire and rescue calls within times permitted by the Child Labor Laws.
 - e. One per cent (1%) of all ambulance calls, within times permitted by the Child Labor Laws.
 - f. Twenty per cent (20%) of all fund raising events (e.g. two (2) days of carnival)

Additionally, Junior Members must maintain passing academic grades, and show proof of the same at the end of each marking period. If the grades are not satisfactory, then the member will be suspended until a passing grade is achieved.

Junior Members shall have their activity review by the Membership Committee annually, prior to the October meeting. If said member has not met four (4) of the seven (7) requirements as set forth above, the member shall be notified by letter and will have ten (10) days to respond.

The Membership committee shall issue a report as to the members who have not complied, at the regular October meeting. The company shall vote by written ballot with simple majority rule to, (a) dismiss said member; (this will result in an immediate termination of all privileges), or (b) retain said member, with privileges to be determined by the membership of the company.

Section G. Non-Resident Membership

1. Prerequisites – Non-resident members shall be at least eighteen (18) years of age. They must reside outside the resident area (Old Lycoming, Lycoming, or Loyalsock Township {Lycoming Creek Road Area}, or the city of Williamsport), but work within a practical response area, and be available to respond from their work. They must be certified as an EMT or higher or have the ability to obtain said certification within one (1) year. Non-resident members may be members of other fire companies without limitation.
2. Privileges – Non-resident members may attend meetings and enter into discussions, but shall have no voting privileges. They are not eligible for any elected and / or appointed office, as outlined in Article V. They are issued appropriate turnout gear or other gear as deemed necessary by the Chief or his / her designee, and said gear may be retrieved at any time by the Chief or his / her designee.
3. Duties – Non-resident members, in order to remain in good standing, must meet or exceed four (4) of any of the following criteria;
 - a. Attend six (6) regular meeting per twelve (12) month period.
 - b. Twenty (20) hours of company or other training.
 - c. Maintain certification as an EMT or higher for at least one re-certification cycle.
 - d. Five per cent (5%) of all fire and rescue calls.
 - e. One per cent (1%) of all ambulance calls or participate in the ambulance on call schedule on a regular basis.
 - f. Thirty per cent (30%) of all fund raising events (e.g. three (3) days of carnival).
 - g. Participate in regular committee, work details or other special details (e.g. Open House, Fire Prevention, Hose Testing).

Non-resident Members shall have their activity review by the Membership Committee annually, prior to the October meeting. If said member has not met four (4) of the seven (7) requirements as set forth above, the member shall be notified by letter and will have ten (10) days to respond.

The Membership committee shall issue a report as to the members who have not complied, at the regular October meeting. The company shall vote by written ballot with simple majority rule to, upon dismissal of said member(s). Dismissal will result in the immediate termination of all privileges.

Section I. SCUBA Association Members

1. Prerequisites – SCUBA Association Members shall be at least eighteen (18) years of age. Members may or may not live in Old Lycoming Township, but who live or work in close proximity to the response area of the SCUBA Association, whereas said member would be an asset to the function of the association in rescue or recovery operations. SCUBA applicants must be certified by a nationally recognized agency (e.g. PADI, or NAUI).
2. Privileges – SCUBA Members may attend meetings and enter into discussions, but shall not make of second motions or possess voting privileges. They are not eligible for any elected office as outlined in Article V. SCUBA Members gain seniority within the Association, but not within the Fire Company proper.
3. Duties – SCUBA Members shall not engage in fire fighting operations. Members, in order to remain in good standing, must meet or exceed the following criteria;
 - a. Must obtain certification as an EMT-Basic or First Responder within one (1) year of joining, and must maintain at least that level of certification.
 - b. Must complete fifty per cent (50%) of all training relative to SCUBA and Water Rescue annually.
 - c. Must complete any other training deemed necessary by the SCUBA Association or Fire Administration.
 - d. Thirty per cent (30%) of all fund raising events (e. g. three (3) days of carnival).

SCUBA Members shall have their activity review by the Membership Committee annually, prior to the October meeting. If said member has not met the requirements as set forth above, the member shall be notified by letter and will have ten (10) days to respond.

The Membership committee shall issue a report as to the members who have not complied, at the regular October meeting. The company shall vote by written ballot with simple majority rule to, upon dismissal of said member(s). Dismissal will result in the immediate termination of all privileges.

Membership Application

(Return this portion of the application to the company)

To the members of the Old Lycoming Township Volunteer Fire Company Inc,

I, _____, hereby apply for, (circle appropriate category), **ACTIVE, 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 legal form of identification (driver's license) is required, 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

Junior – Persons 16 to 18 years old

Scuba – Persons interested in water activities

Non-resident – Persons who live outside of our primary resident 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 Section 6 of the company 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 |
| State Police Criminal Record Check Completed |
| Yes: _____ |
| No: _____ |
| Date: _____ |
| Administrative Officer: _____ |

| |
|---|
| Official Use Only |
| 1. Date Application Accepted: _____ |
| 2. Initial Reading: _____ |
| Secretary: _____ |
| 3. Waiting Period: _____ |
| 4. First Vote (Date): _____ |
| Approved: _____ Disapproved: _____ |
| Secretary: _____ |
| 5. End of 1 st Year Vote (Date): _____ |
| Secretary: _____ |
| 6. Special Vote (Date): _____ |
| Approved: _____ Disapproved: _____ |
| Secretary: _____ |
| See Meeting Minutes for Discussion |

Application for Membership in the Old Lycoming Township Volunteer Fire Company Inc.

(Type or print all information legibly in ink)

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

1- Street Address: _____ City: _____

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

2 -Street Address: _____ City: _____

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

(If you are a college student, list you home address in the 1 – street address and your college address in the 2 – street address)

Married: _____ Single: _____ Number of Dependants: _____

Spouse's Name: _____

Your Occupation: _____

Employer: _____

Address: _____

Past Employers (immediate past two): _____

References (other than relatives) Name, Address, Phone # (must list three)

1. _____

2. _____

3. _____

List all Fire and / or EMS service 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 an additional sheet of paper.

1. _____

2. _____

3. _____

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 #, Personal Id # 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 is 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.

Applicant 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 Manager. 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 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 have read the above information related to Workman's Compensation, and fully understand and agree to this information.

Applicant Signature: _____ Date: _____

Privacy Act Waiver

By affixing my signature below, I do hereby waive all my rights under the privacy act.

I am of the total understanding that all records of convictions or other information in any, relative to my application for membership that are received through the State Police Criminal Record Check, will be provided to the Executive Committee of the Fire Company. Additionally, the information will be provided to the voting membership prior to the vote being cast to accept or deny my application for membership.

I do acknowledge that I will be afforded the opportunity to comment on any or all of the Criminal Record Check information that is presented. Similarly, I may choose not to comment on any or all of the material presented prior to the vote being cast.

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 parent of person in loco parentis is required)

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 and 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 its voting membership. With my signature below I waive any rights I may have to limit or prohibit said dissemination, and release all parties involved from any liability whatsoever for any actions 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 on 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 parent of person in loco parentis is required)

Fire Company Witness: _____ Date: _____

NAME: _____

Place an "X" next to the appropriate response below
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 to 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 be at risk of acquiring hepatitis B, a serious disease. If in the future 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 charge 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 parent of person in loco parentis is required)