



# LINCOLN FIRE COMPANY, No. 1

38 South Market Street ♦ Ephrata, Pennsylvania 17522

Business Phone: (717) 733-6214 ♦ Fax: (717) 733-7193

E-mail: LincolnFire@dejazzd

Organized 1851

Website: www.lincolnfireco.com

## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Driver's License / Photo ID #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Restriction(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have You Ever Had A License In Another State?  If yes, What State(s): \_\_\_\_\_

### List 3 Character References Who Are Not Related To You:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### List References Who You Know At This Organization:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Protector of the West Side*

**Have You Ever Been A Member Of Another Emergency Service Organization? \_\_\_\_**

**If Yes, List The Organization(s) With A Contact Person, Phone Number And Reason For Leaving Below:**

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**List Any Firefighting / Emergency Services Training (Attach Certificates):**

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**Have You Ever Been Arrested And / Or Convicted Of Misdemeanor / Felony, Including Driving Violations? If Yes, Please Explain Below.**

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**Do You Have Any Medical Conditions That You Have Or Are Currently Being Treated For That May Limit Your Abilities To Perform? Explain Below.**

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**I Wish To Participate As A:**

\_\_\_\_\_ Firefighter \_\_\_\_\_ Fire Police \_\_\_\_\_ Ladies Auxiliary \_\_\_\_\_ Social Member

If accepted, I understand that I will be responsible to attend meetings, fund raising events and trainings, as well as respond to emergency calls. I understand and authorize the Lincoln Fire Company to investigate and verify the information that I have provided, which is not limited to a driving records check and a criminal records check. Additionally, I authorize the release of any information as requested by the Lincoln Fire Company. I waive all rights or claims against any police authority, officer, or employee of the department furnishing any such record at any time, at the request of the Lincoln Fire Company or representative of it. All statements contained on this application are true and accurate to the best of my knowledge. Any false information could result in immediate termination from this organization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian If Under 18: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Official Use Only:**

Date Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Reference Checked: \_\_\_\_\_ References Checked By: - \_\_\_\_\_

Driver's License Check: \_\_\_\_\_ Child Abuse Check: \_\_\_\_\_

FBI Clearances: \_\_\_\_\_ Background Check: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Accepted Yes / No: \_\_\_\_\_

Contacted Applicant with Decision: \_\_\_\_\_

# Lincoln Fire Company

## Membership Application Background Instructions

### **\*\*Fire Company, Fire Police, Auxiliary, Social Member\*\***

- 1. PA Child Abuse History** – You will have to set up an individual account and follow the instructions, then fill out the application. You can obtain this check for free by clicking the volunteer box. Please go online at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)
- 2. Driver's License Full History** – You will have to pay with a credit card to view and print. Make sure you use the test print when prompted. Please go online at <http://www.dot33.state.pa.us/centers/OnlineServicesCenter.shtml> and click on *Request Your Driver History*. Please print a receipt and after a probationary period and with the approval of the President and or membership committee, the Lincoln Fire Company will reimburse the \$9 fee.
- 3. Driver's License / Photo ID** – Please provide a copy of both sides of the driver's license or photo ID with the application.
- 4. FBI Background Check** – If you have lived outside of Pennsylvania in the last 10 years for any length of time, you are required to complete an FBI background check. This can be done online at [www.pa.cogentid.com](http://www.pa.cogentid.com). Please click on the Department of Human Services Box and follow the directions. Finger printing is required as part of this application and can be done at the UPS store in the Cloister Shopping Center. You will have to pay for this. Please obtain a receipt and after a probationary period and with the approval of the President and or membership committee, the Lincoln Fire Company will reimburse the fee.
- 5. Mandatory Reporter** – We are considered Mandatory Reports for any form of child abuse. We are required to complete a Mandatory Report class. This can be done online and at your own pace. Please go to [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu). Register and follow the directions. When you have viewed the program and completed the tasks, print a certificate of completion.