

**Hempfield Fire Department**  
*Lancaster County Station 69*  
**19 W Main St Salunga, PA 17538**  
**Administrative Office (717) 898-8112      Fax (717) 898-1379**

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APPLICATION FOR MEMBERSHIP

1. The membership committee reserves the right to hold the application for membership for sixty (60) days if needed for further investigation.
2. The applicant must be present at one fire department function (i.e training, work detail, or meeting) prior to being voted on. However, the applicant may not be present during the reading of and voting for acceptance into the Hempfield Fire Department.
3. The Hempfield Fire Department reserves the right to accept or reject any application upon a vote of the department.
4. Dues shall accompany application. The dues are \$2.00 per year.
5. The applicant Must also attend an interview with the chief of the department, prior to being voted on by the department.
6. Hempfield Fire Department is committed to equal treatment of all individuals with regard to membership and all terms and conditions thereof regardless of race, religion, color, national origin, sex, age, veteran status, disability, or any other legally protected characteristic.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ PA \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived there: \_\_\_\_\_ Years

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home(:Landline)

Present Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

FIRE SERVICE EXPERIENCE: (List all past Fire Company's, Fire Chief, Dates of Membership, Training, Positions held and Reason for Leaving the company) You may use a separate sheet if necessary.

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Have you ever been convicted of a Misdemeanor or Felony? (Note: Convictions will be considered only to the extent they are deemed related to the duties of membership)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

(Please explain Below)

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**PLEASE INITIAL THE FOLLOWING QUESTIONS:**

Do you understand that the Hempfield Fire Department was organized to protect the community from destruction by Fire, Storm and Natural disasters and in the service to the community you will be giving of your time to the public service and that public service is the duty of every citizen? \_\_\_\_\_

Do you understand that the Hempfield Fire Department is not a social club and that you will be required to give of your time to respond to emergency calls, training sessions, meetings, fund raising functions, work details and any other projects of the Hempfield Fire Department? \_\_\_\_\_

Do you understand that any aspect of your background that is detrimental to the welfare of the Hempfield Fire Department is grounds for rejection of this application? \_\_\_\_\_

Do you understand that if accepted into the Hempfield Fire Department, that you are responsible for any and all items issued to you? If membership is terminated by either party, those items issued to you must be returned to the department in good condition. If not, you will be Billed for those Items?  
\_\_\_\_\_

Do you understand that your membership can be revoked at any time by a vote of the Board of Directors of the Hempfield Fire Department for any misconduct, Violation of the General Rules of the Department, any disobedience of a legitimate order of an officer of the Hempfield Fire Department, or reasons as enumerated in the Constitution and the By-Laws of the Hempfield Fire Department, or Standard Operating Guidelines of the Hempfield Fire Department? \_\_\_\_\_

Personal References, whom you have known for at least one year: (Other than Fire Department Members, & Relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Sponsored by: \_\_\_\_\_

(Hempfield Fire Department Member)

Position Applied for: **(Please Select all that Apply)**

Active Firefighter: \_\_\_\_\_ Active Fire Police: \_\_\_\_\_ Volunteer Services: \_\_\_\_\_

Junior Firefighter: \_\_\_\_\_ (Working Papers must Accompany this position)

I have read the above questions and understand the content. I hereby authorize the Hempfield Fire Department the right to make a thorough investigation into my employment history, fire service experience and references, and I release from all liability all persons, companies, and corporations supplying such information. I Release indemnify and hold harmless Hempfield Fire Department from and against any and all liability which might result from making such an investigation.

I understand that any false answer, statement or representation made by me in this application shall constitute sufficient cause for revocation of the application or membership with the Hempfield Fire Department. I understand that membership in Hempfield Fire Department does not constitute a contract between Hempfield Fire Department and me and no promises or guarantees of membership for a definite period of time have been made.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

(If under 18 years of age)

For applicants under 18 years of age a parental consent is required. Also working papers from the school district office must accompany this application for consideration into membership.

Please answer the Questions below:

Why do you wish to join the Hempfield Fire Department?

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If accepted as a member of the Hempfield Fire Department, what are your goals?

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(Optional)

I, \_\_\_\_\_ the undersigned, will abide by the decision of the Fire Chief or O.I.C. of any Hempfield Fire Department function or emergency call to be checked out at the hospital emergency room. I also give permission to medical personnel for treatment in the event that my spouse, parent, or guardian is unavailable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ (if under 18 years of age)

I, \_\_\_\_\_ the undersigned, do hereby release and indemnify the Hempfield Fire Department and all members from any and all liability resulting from my refusal of medical aid due to an accident or illness during a Hempfield Fire Department function or emergency call.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ (If under 18 years of age)

Investigation conducted by: \_\_\_\_\_ Position held: \_\_\_\_\_

Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:      Accept for Probation: \_\_\_\_\_      Reject Applicant: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interview conducted by Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signatures:

President: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chair: \_\_\_\_\_ Date: \_\_\_\_\_