

RADNOR FIRE COMPANY

121 SOUTH WAYNE AVENUE
P.O. BOX 31
WAYNE, PENNSYLVANIA 19087
610.687.3245



APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP APPLYING FOR:

AUXILIARY FIRE AMBULANCE

CERTIFICATIONS (NOT REQUIRED FOR AUXILIARY MEMBERS)

CHECK ALL THAT APPLY; USE THE BACK OF THIS PAGE TO LIST ANY FIRE CERTIFICATIONS AND ADDITIONAL SCHOOLS OR COURSES ATTENDED (PLEASE ATTACH PHOTOCOPIES OF CERTIFICATIONS).

1. CPR EXPIRATION DATE: _____
2. FIRST RESPONDER EXPIRATION DATE: _____
3. EMERGENCY RESPONDER EXPIRATION DATE: _____
4. ADVANCED FIRST AID EXPIRATION DATE: _____
5. EMT-BASIC #: _____ EXPIRATION DATE: _____
6. OTHER (PLEASE SPECIFY) _____

EXPERIENCE (NOT REQUIRED FOR AUXILIARY MEMBERS)

PLEASE INDICATE ANY RELEVANT EMERGENCY SERVICE OR OTHER EXPERIENCE.

NAME & LOCATION OF DEPARTMENT:

POSITION AND/OR RANK HELD: _____

DATES SERVED: _____ - _____

REASON FOR LEAVING: _____

OFFICER IN CHARGE: _____

PHONE: (_____) _____ - _____ MAY WE CONTACT THIS PERSON? _____

EDUCATION/EMPLOYMENT (NOT REQUIRED FOR AUXILIARY MEMBERS)

PLEASE ENTER MOST RECENT EMPLOYMENT/EDUCATION THAT WE MAY REFERENCE.

SCHOOL: _____

ADDRESS: _____

DEGREE: _____ YEARS ATTENDED: _____

EMPLOYER: _____

ADDRESS: _____

TITLE: _____ YEARS EMPLOYED: _____

SUPERVISOR: _____ PHONE: (_____) _____ - _____

PERSONAL REFERENCES

PLEASE USE THE BACK OF THIS SHEET IF YOU WISH TO PROVIDE ADDITIONAL REFERENCES.

NO RELATIVES, PLEASE

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: H (____) _____ - _____ PHONE: H (____) _____ - _____

PHONE: W (____) _____ - _____ PHONE: W (____) _____ - _____

CERTIFICATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, IN THE PAST TEN YEARS, WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? _____ IF YES, PLEASE DESCRIBE IN FULL ON REVERSE SIDE.

REPRESENTATIVE TASKS THAT A FIRE OR AMBULANCE CREW PERSON MAY, AT ANY TIME, BE REQUIRED TO DO:

1. LIFT, WITH A PARTNER, PATIENTS WEIGHING 200 POUNDS OR MORE.
2. LIFT OR DRAG FALLEN PATIENTS AND/OR REMOVE THEM FROM HAZARDOUS AREAS.
3. BE SUBJECT TO SEVERE EMOTIONAL SHOCK.
4. EXHIBIT ENDURANCE AT LONG FIRES OR OTHER DISASTERS IN CONDITIONS OF EXTREME HEAT OR COLD.
5. BE SUBJECT TO PERIODS OF HIGH STRESS FOR EXTENDED PERIODS OF TIME.
6. RESPOND TO CALLS IN THE MIDDLE OF THE NIGHT.
7. WORK IN HAZARDOUS ENVIRONMENTS AND UNDER HAZARDOUS CONDITIONS.

BASED ON THE REPRESENTATIVE LIST, DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION(S), WHICH MAY LIMIT YOUR ABILITY TO PERFORM THIS JOB? _____ IF YES, PLEASE DESCRIBE SUCH CONDITION AND EXPLAIN HOW YOU CAN SAFELY & RELIABLY PERFORM IN SPITE OF SUCH CONDITION ON REVERSE SIDE.

I CERTIFY THAT INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE SUFFICIENT GROUNDS FOR DISMISSAL. I ALSO KNOWINGLY AND WILLINGLY PERMIT THE RADNOR FIRE COMPANY REVIEW BOARD TO INVESTIGATE ANY AND ALL OF THE INFORMATION I HAVE SUBMITTED.

SIGNED: _____ DATE: _____
APPLICANT

SIGNED: _____ DATE: _____
MEMBERSHIP COMMITTEE MEMBER

SIGNED: _____ DATE: _____
FIRE, AMBULANCE, AUXILIARY OFFICER