



APPLICATION FOR MEMBERSHIP

Keystone Wildfire Crew, Inc.
Po Box 117, Holtwood PA 17532
keystonewildfire@comcast.net

PERSONAL INFORMATION

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone : _____ Cell Phone : _____

Email: _____ Last 4 Digits of SSN: _____ Date Of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Marital Status: _____ Vehicle Operator's License Number: _____

Do you have any criminal convictions other than summary offenses? _____

If yes, please explain: _____

HEALTH

Do you have any physical defects that could hamper you in duties regarding fire suppression? _____

If yes, please explain: _____

Do you take prescription drugs of any kind? _____ If yes, please explain: _____

Do you have any psychological problems or have you been treated for any mental disorders in the past (5) years? _____ If yes, please explain: _____

Are you being treated for or have you ever been treated for drug or alcohol problems? _____

If yes, please explain: _____

EXPERIENCE

Have you applied for or held membership in any other Fire Company or Wildfire Crew? _____

Fire Co. Name: _____ Rank: _____ Year: _____

Fire Co. Name: _____ Rank: _____ Year: _____

Fire Co. Name: _____ Rank: _____ Location: _____ Year: _____

Fire Co. Name: _____ Rank: _____ Location: _____ Year: _____

Are you an active member now? _____ Fire Co. and/or Forest Fire Crew: _____

List any training and experience in fire fighting, first-aid, rescue, etc., by dates and hours. Enclose copies of Certificates of State Approved Classes. List all others below: _____

U.S. Military Service: _____ Rank: _____ Discharge Type: _____

Present membership in National Guard or Reserve Forces? _____

REFERENCES

List below the names of at least (2) persons not related to you, whom you have known for at least (1) year:

	Name	Phone Number	Yrs Acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List any relatives or acquaintances who are members of this crew: _____

EMPLOYMENT INFORMATION

Company: _____ Work Phone Number: _____

Position: _____ Working Hours: _____

Are you available for emergency response during working hours? _____

Do you understand that any falsification or withholding of information on this application will result in immediate dismissal from The Keystone Wildfire Crew, Inc.? _____ By signing this application you authorize The Keystone Wildfire Crew, Inc. to conduct a thorough background investigation up to and including a request for information from law enforcement agencies. The signature of a parent or guardian authorizes The Keystone Wildfire Crew, Inc. to conduct the aforementioned investigation on the background of a juvenile application.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18): _____

APPLICATION DISPOSITION

(Official Use Only)

Name: _____ Address: _____ Zip: _____
(Last) (First) (Middle)

Recommended for Membership: _____

Rejected: _____

Date of Review: _____ Signatures of Officers: 1. _____

2. _____

3. _____

Comments: _____
