



## 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:

	<b>Name</b>	<b>Phone Number</b>	<b>Yrs Acquainted</b>
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_