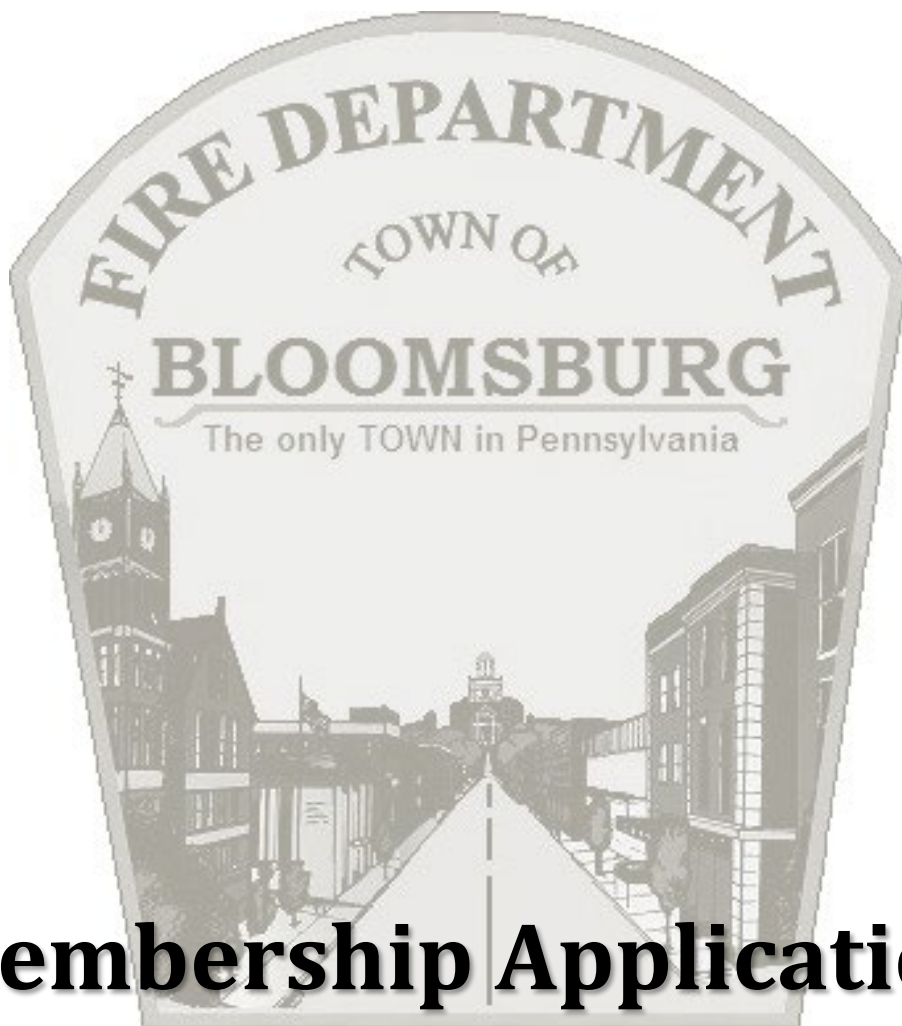


# ***Bloomsburg***

## ***Fire Department***



# **Membership Application**

# BLOOMSBURG FIRE DEPARTMENT

Dear Applicant,

Thank you for your interest in the Bloomsburg Fire Department, Inc. We provide a number of emergency services through our group of dedicated volunteers.

We are pleased that you are considering becoming a part of this exciting organization. Please complete the attached application and return it to the station for consideration. All application requests are usually processed within 2 months of application being returned. The instructions are listed below.

## **Applicant Instructions:**

- You must be at least 18 years of age to apply for general membership and 14 years of age for the Junior Fire Fighter Program.
- The application must be completed in its entirety.
- Return a check or money order for \$10 (\$5 application fee and \$5 dues first year) with your application. Cash is not accepted.
- If applying for active Fire Fighter and/or Fire Police status, a copy of all training certifications must be attached. This can be a copy of certificate or a listing of completed training from an accredited training facility.
- If applying for active Fire Fighter and/or Fire Police status, please complete a separate application for the Bloomsburg Fire Fighter's Relief Association.
- A Pennsylvania State Police background check must be purchased from the following web site: <https://epatch.pa.gov/TandCVolunteer>. The completed background check must be submitted with this application.
- Once your application has been reviewed and brought before the membership, you will serve one year as a probationary member. Once you have completed the one year, the membership will vote on promoting you from probation to full member status. All probationary members are prohibited to vote on company business or hold an elected office.
- The Bloomsburg Fire Department, Inc. reserve the right to reject any application.
- Should you have any questions, please stop by the station to speak to any one of our members, email us at [secretary@bloomsburgfd.org](mailto:secretary@bloomsburgfd.org), or call us at 570-784-1951.

Sincerely,

**BLOOMSBURG FIRE DEPARTMENT**



Bloomsburg Fire Department  
911 Market St.  
Bloomsburg, PA 17815  
570-784-1951  
[www.bloomsburgfd.org](http://www.bloomsburgfd.org)

# MEMBERSHIP APPLICATION

Today's Date :

Select only one membership which you are applying:

☐ Firefighter ☐ Firefighter & Fire Police ☐ First Line Fire Police **ONLY** ☐ Junior Firefighter ☐ Social Member

## APPLICANT INFORMATION

Applicant's Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

Current Age

State & Driver's License No.

Current Street Address

City, State, Zip Code

Permanent Address

City, State, Zip Code

Phone Number

Cell Phone

Email

Employer

Work Phone

Your Position/Title

Length of Employment

## EMERGENCY CONTACT

Name

Relationship to Applicant

Address

City, State, Zip Code

Phone Number

Cell Phone

Email

## EXPERIENCE

Are you a member of any other fire department?

Yes

No

If yes, Department:

Have you ever been a member of another department?

Yes

No

If yes, Department:

Reason for leaving previous department:



Bloomsburg Fire Department  
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Bloomsburg, PA 17815  
570-784-1951  
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**Training:**

*Submit a copy of all your training records with this application. Any comments regarding your training records should be listed here:*

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**ADDITIONAL INFORMATION**

Have you ever been expelled or suspended by another department?

Yes

No

If yes, why?

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Have you ever been convicted, or found guilty of a felony or misdemeanor?

Yes

No

Explain:

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**ACKNOWLEDGEMENT**

\_\_\_\_\_  
INITIAL HERE

I acknowledge that all of the statements made herein are true to the best of my knowledge. I authorize investigation of all statements made in this application. I acknowledge that any false statements or material omissions could lead to rejection as a candidate or termination as a member if the falsity or omission is learned subsequent to my acceptance as a member.

Your Signature

Date



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## BLOOMSBURG FIRE DEPARTMENT USE ONLY

Proposing Member:

Treasures Signature: (Check/Money Order Received)

Date Application Read at Meeting:

Investigating Committee:

Members	Signatures	Approve	Reject
1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Date Voted at Dept. Meeting:

**Approved**

**Rejected**

Recording Secretary:

☐
☐

Date Voted Off Probation at Dept. Meeting:

**Approved**

**Rejected**

Recording Secretary:

☐
☐

**YES**

**NO**

Training certificatons attached:

☐
☐

**YES**

**NO**

Background information attached:

☐
☐

Acceptance letter and/or e-mail sent:

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