

**Garden Spot Fire Rescue  
Application for Membership**

***Please review both sides of this application and complete ALL INFORMATION prior to submitting to the department for final review. Please write legibly!***

Active: \_\_\_\_\_ Fire Police: \_\_\_\_\_ Social: \_\_\_\_\_

**Basic Info:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Convicted of Felony?: **YES NO**

PA Resident for 10 Years or Longer?: **YES NO** If less than 10 years, how long? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: : \_\_\_\_\_ Eye Color: : \_\_\_\_\_ Hair Color: : \_\_\_\_\_

**Employment:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Are you available for emergency calls during working hours? **YES NO**

**Experience:**

Have you applied to/held membership with any other fire department? **YES NO**

Fire Department: \_\_\_\_\_ Rank: \_\_\_\_\_ Years: \_\_\_\_\_

Please Attach Training Certificates

**References:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Physical Record:**

Please indicate if you have any of the following health issues:

Hearing: **YES NO** Vision: **YES NO** Speech: **YES NO** Heart: **YES NO** Back: **YES NO**

High Blood Pressure: **YES NO** Any other physical limitations? \_\_\_\_\_

Please share a fun fact or two about yourself (i.e. family, hobby, etc.) that we can use with your picture as a new member highlight:

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**Review Details of Application Requirements:**

1. Return application along with \$15 application fee.
2. Please complete a child background clearance check if 18 or older.
  - a. Email [nickg@gsfr39.net](mailto:nickg@gsfr39.net) to request your free child abuse clearance background check code.
  - b. Visit <https://www.compass.state.pa.us/cwis/public/home> and create new log-in
  - c. Follow prompts to complete your child abuse clearance
  - d. Submit the clearance with your \$15 application fee and completed membership application.
3. Application will go before the recruitment committee, requiring an interview. If you are under the age of 18, you must be accompanied by a parent/guardian. A member of the committee will reach out via phone to schedule your interview. Please indicate days/times that work best below:  

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4. If the application is approved, it will be presented to the Board of Directors during their next scheduled meeting for final approval.
5. I authorize a full investigation of all statement(s) contained in this application. Any fraudulent statement(s), misrepresentation(s), or intentional omission of fact(s) shall be ground for immediate rejection from consideration for membership at Garden Spot Fire Rescue and shall be deemed grounds for immediate dismissal from the organization if discovered or identified after the membership is offered.

**Signed by:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of Parent/Guardian REQUIRED if applicant is under the age of 18)

**FOR DEPARTMENT USE ONLY**

Approved?:    **YES**    **NO**                      Date of Application Approval: \_\_\_\_\_

Recruitment Committee Representative: \_\_\_\_\_

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