



MUHLENBERG TOWNSHIP FIRE & RESCUE MEMBERSHIP APPLICATION

Muhlenberg Township Fire & Rescue
4963 Kutztown Road
Temple, PA 19560
Phone (610) 929-8050
Email: applications@mtwpr.org
<https://www.MT66FR.com>

****IMPORTANT INFORMATION – PLEASE READ****

Thank you for your interest in becoming a member of Muhlenberg Township Fire & Rescue. This packet contains several items which must be completed and included for the application to be considered complete. Please note the following requirements:

1. A copy of your driver's license or ID card (both front and back) must be included with the application.
2. A copy of the result letter from the Pennsylvania Child Abuse History Clearance must be included with the application (Junior members are exempt from this requirement). Applicants must complete Section 1 of the form and follow the directions to submit the clearance form to the Department of Public Welfare. Once the results are returned to the applicant, a copy of the results must be included with the membership application.
3. The application fee of \$25.00 in cash, check, or money order, made payable to "Muhlenberg Township Fire & Rescue" (Legacy & Junior members are exempt from the fee).
4. Your complete social security number *MUST* be provided to ensure expedient processing of the application.
5. If you are a current or former member of another emergency service organization, copies of certificates must be included with the completed application.
6. The membership type *MUST* be specified in the appropriate section of the application. Choose from one of the following options:
 - I. **Active Members.** Active members shall be any person of good moral character who has attained the age of eighteen (18) years. Active members are those individuals who assist in firefighting tasks.
 - II. **Support Members.** Support members shall be any person of good moral character who has attained the age of eighteen (18) years. Support members are those individuals who volunteer to assist in non-firefighting tasks. Directors who are elected or appointed by a municipality shall be considered Support members.
 - III. **Junior Members.** Junior membership shall be available only to a person having attained the age of fourteen (14) years until such person reaches the age of eighteen (18) years. Members holding the Junior membership status, upon reaching the age of eighteen (18), shall automatically become an Active or Support member.
 - IV. **Honorary Members.** Honorary membership may be bestowed upon an individual who is to be recognized for special or distinguished service to the Fire Department. Honorary members shall have no voice or vote upon any matter or thing at any meeting of the Fire Department.
7. If the membership being applied for is a Junior Member, parent or legal guardian contact information must be provided on the application along with the following additional documentation:
 - I. A copy of the applicant's working papers issued by the School District.
 - II. A copy of the applicant's most recent report card.
 - III. A copy of the applicant's school identification.
8. *The **red** asterisk prior to the field represents a required field to be completed.
9. Initial and sign the application in the appropriate areas.

**Application for Membership
Muhlenberg Township Fire & Rescue
4963 Kutztown Road, Temple, PA 19560**

GENERAL INSTRUCTIONS: This application consists of several sections: a Questionnaire; Verification; and an Information Release. Every one of these sections must be completed for the Fire Department to accept the application as complete. Please **PRINT IN BLACK INK**, an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use reverse side or add an attached document and proceed with the number of the referenced block. Do not misstate or omit facts since the statements made herein are subject to verification to determine your acceptance to become a volunteer firefighter.

Date Submitted: ____/____/____

Include Photocopy (Front & Back) of Driver's License

***Personal Information:**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

D.O.B.: ____ - ____ - ____ E-Mail: _____

***Military Status:**

YES NO

Have you served in the U.S. Armed Forces?

Honorable Discharge?

Are you presently a member of a U.S. Reserve or State Guard organization?

If Yes, complete the following:

Indicate reserve obligation, if any: _____

***Emergency References:**

Emergency Contact Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Medical Information:

Physician's Name: _____ Phone Number: (____) _____ - _____

Physician Practice: _____ Allergies: _____

Current Medications: _____

Blood Type: ____ Organ Donor: YES NO

Past Medical History:

(Use back of form if necessary or submit separate documentation)

***Background Information:**

1. Social Security Number: _____ - _____ - _____ (**Must Provide Entire Number**)
2. Driver's License Number: _____ - _____ - _____ State: _____ Class: _____ Expires: _____ / _____
3. Have you ever had a license suspended or revoked? YES NO If yes, state basis for suspension.

4. Have been convicted of misdemeanor or felony offense? YES NO
5. Have you ever been convicted of any crimes or have charges expunged? YES NO
(If YES to either/both of the above, please list on a separate sheet of paper and attach in a sealed envelope.)

6. *List two (2) references that are not relatives:*

- 6-1. Name: _____ Phone Number: (_____) _____ - _____
Address: _____ City: _____ State: _____
Occupation: _____ Years known: _____
- 6-2. Name: _____ Phone Number: (_____) _____ - _____
Address: _____ City: _____ State: _____
Occupation: _____ Years known: _____

***Membership:**

1. Are you now, or have you ever been, a member of any other emergency service organization? YES NO
(If YES, please list: _____)
2. Has any disciplinary action been taken against you in any emergency service organization? YES NO
(If YES, please list: _____)
3. May we contact the emergency service organizations listed above? YES NO
4. Have you experienced any serious injury or illness in the past five years that could affect your ability as a fire fighter? YES NO
(If YES, please list: _____)
5. Briefly explain why you wish to become a member of Muhlenberg Township Fire & Rescue.

6. Membership Type: (Active, Support, Junior, Honorary) _____

PLEASE ATTACH ANY TRAINING CERTIFICATES

The following information must be completed by those potential members between the ages of 14 & 18:

Parent or Legal Guardian Contact Information:

Name: _____ Phone Number: (_____) - _____ - _____

Relation: _____ Signature: _____

School District: _____ Date of Graduation: _____

Junior members must attach a copy of their working papers, a copy of their most recent report card, and a copy of their school identification.

I hereby submit my application for membership with Muhlenberg Township Fire & Rescue. I hereby authorize Muhlenberg Township Fire & Rescue to thoroughly investigate my references, education, criminal history, and other matters related to my suitability for membership and any and all letters, reports and other information pertaining to my membership, without giving me prior notice of such disclosure. In addition, I hereby release Muhlenberg Township Fire & Rescue from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I authorize the results of that investigation be presented to the members of the department when my application is evaluated for membership.

(Initials)

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I will be required to abide by all rules and regulations of Muhlenberg Township Fire & Rescue.

SIGNATURE _____ DATE _____