

# APPLICATION FOR MEMBERSHIP

Keystone Wildfire Crew, Inc.  
462 Red Hill Road, Pequea PA 17565  
Po Box 117, Holtwood PA 17532

Application Date: \_\_\_\_\_

Application Type: Firefighter: \_\_\_\_\_

Under 18: \_\_\_\_\_

Jr. F.F.: \_\_\_\_\_

Other: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle)

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

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

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

Vehicle Operator's License Number: \_\_\_\_\_ License Class(es): \_\_\_\_\_

Vehicle Description: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a trailer hitch? \_\_\_\_\_ Ball Size: \_\_\_\_\_ Towing Capacity: \_\_\_\_\_

Truck Driving Experience: \_\_\_\_\_

Do you have any criminal convictions other than summary offenses? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT

Company: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Are you available for emergency response during working hours? \_\_\_\_\_

If under 18 years of age, do you have Bureau of Forestry working papers? \_\_\_\_\_

## EXPERIENCE

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

If yes,

Fire Co. Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Years: \_\_\_\_\_

Fire Co. Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Years: \_\_\_\_\_

Forest Fire Crew: \_\_\_\_\_ Rank: \_\_\_\_\_ Location: \_\_\_\_\_ Years: \_\_\_\_\_

Forest Fire Crew: \_\_\_\_\_ Rank: \_\_\_\_\_ Location: \_\_\_\_\_ Years: \_\_\_\_\_

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

**HEALTH:**

Vision: \_\_\_\_\_ Corrected? \_\_\_\_\_ Hearing: \_\_\_\_\_ Corrected? \_\_\_\_\_  
Heart: \_\_\_\_\_ Corrected? \_\_\_\_\_ Back: \_\_\_\_\_ Corrected? \_\_\_\_\_  
Diabetes: \_\_\_\_\_ Corrected? \_\_\_\_\_ High Blood Pressure: \_\_\_\_\_ Corrected? \_\_\_\_\_  
Nervous Disorder: \_\_\_\_\_ Corrected? \_\_\_\_\_  
Have you had any major operations in the past year? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have any artificial limbs? \_\_\_\_\_

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: \_\_\_\_\_

Blood type: \_\_\_\_\_ List any allergies: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Address: \_\_\_\_\_

Physicians Phone Number: \_\_\_\_\_

In case of Emergency, please notify:

	Name	Address	Home Phone	Work Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_