

Swarthmore  
Fire & Protective  
Association

JUNIOR AND CADET  
MEMBER  
APPLICATIONS



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# SWARTHMORE FIRE & PROTECTIVE ASSOCIATION

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## APPLICATION FOR MEMBERSHIP: Volunteer Status

This form is to be completed by the Proposer and the Applicant and filed with the Secretary at a regular meeting of the Swarthmore Fire & Protective Association. The Swarthmore Fire & Protective Association does not discriminate on the basis of race, color, sex, religion, or national and ethnic origin.

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### GENERAL INFORMATION

APPLICANT'S FULL NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

INTERESTS (check all that apply): FIREFIGHTING: \_\_\_\_\_ EMS: \_\_\_\_\_ ASSOCIATE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
(home town, if student)

EMPLOYER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
(school, if student)

EMPLOYER ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
(include class year, if student)

YEARS WITH PRESENT EMPLOYER: \_\_\_\_\_ FORMAL EDUCATION: \_\_\_\_\_

FIRE SERVICE/ MILITARY EXPERIENCE: \_\_\_\_\_

ANY PAST CRIMINAL HISTORY? **Y N** If yes, are you willing to discuss this with the Membership Committee? **Y N**

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### REFERENCES

Please provide at least three professional, character or personal references. If you are presently a member (Volunteer or Paid) of another emergency service organization (including medical transport companies), a professional reference from a company officer or supervisor is required. References from relatives or family members will not be accepted.

Name: \_\_\_\_\_ Relationship/Association: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship/Association: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship/Association: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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## APPLICATION FOR MEMBERSHIP – *Continued*

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### ACTIVITY COMMITMENT

Do you realize that the Swarthmore Fire & Protective Association is not a social club and that as a member you will be required to give freely of your time to meet attendance requirements for emergency calls, meetings, drills, and training? **Y N**

Do you realize that the Swarthmore Fire & Protective Association has minimum training & participation requirements which must be met annually in order to retain membership? **Y N**

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### CERTIFICATION AND SIGNATURES

By signing this application I agree to undergo the required physical examination by a medical doctor and give the Swarthmore Fire & Protective Association or its agent(s) permission to conduct a background check with my employer, school, police and/or any other law enforcement authorities.

I understand that I have given permission to Swarthmore Fire & Protective Association or its agent(s) to conduct reference checks with the references provided, past, present or future employers, co-workers, family, friends, or any other acquaintances that I may have been in contact with.

I certify that the facts contained in my application for membership are true and complete to the best of my knowledge and understand that falsification and/or omissions of any information on this application is grounds for dismissal.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(required if applicant is under 18 years old; if applicant is still in school, working papers are also required)

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### PROPOSER ENDORSEMENT

The proposer, a member in good standing of the Swarthmore Fire & Protective Association, recommends the above individual for membership.

PROPOSER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The above signed agrees to present and propose the applicant to the general membership and assist with their application process.

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## INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

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Investigating Committee use only (IC member initial and date when completed):

_____ APPLICATION RECEIVED	_____ DUES RECEIVED
_____ RECOMMEND BY INVESTIGATION COMMITTEE	_____ MEDICAL RECEIVED
_____ ACCOUNTABILITY TAG FORM RECEIVED	_____ PHOTO ID TAKEN
_____ EMS/FIRE SCHOOL CONTRACT	_____ JUNIOR/CADET CONTRACT
_____ SCHOOL WORKING PAPERS RECEIVED	_____ REFERENCE CHECK(S)
_____ PA STATE POLICE CRIMINAL RECORD CHECK	_____ PA DHS CHILD ABUSE
_____ FBI CRIMINAL RECORD CHECK & FINGERPRINT – (Only if not a PA resident for at least 10 years)	

REFERENCE CHECK(S) FINDINGS: \_\_\_\_\_  
\_\_\_\_\_

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Secretary use only:

DATE MEMBERSHIP APPROVED: PROBATIONARY: \_\_\_\_\_ CADET: \_\_\_\_\_ JUNIOR: \_\_\_\_\_ SENIOR: \_\_\_\_\_

DATE AND REASON FOR DISCONTINUANCE OF MEMBERSHIP: \_\_\_\_\_  
\_\_\_\_\_

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# Tri-Boro Accountability Tag Information Form

Information will be printed and sealed inside of your accountability tag. Information will be utilized in case of an emergency for accurate medical care. This information will be evaluated annually in case of change in medical status.

**Your Name:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Number:** \_\_\_\_\_

Alternate contact if desired

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Number:** \_\_\_\_\_

**Family Medical Doctor:**

**Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Allergies to Medications:**

Place check mark if none \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Medical History:**

Place check mark if none \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Meds:**

Place check mark if none \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please make sure all information is correct and sign below**

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



## **CONTRACT FOR JUNIOR AND JUNIOR JUNIOR MEMBERS**

The Constitution of the Swarthmore Fire & Protective Association (hereafter "SF&PA") provides for a class of membership comprised of individuals between the ages of 14 and 18. Membership in this class, like membership in any other membership class of the SF&PA, is a privilege.

A Prospective Junior Member (defined as an individual between the ages of 16 and 18) or a Junior Junior Member (defined as an individual between the ages of 14 and 16) must read and understand the Rules and Regulations governing the duties of members of the SF&PA and the Code of Conduct for members of the SF&PA. The duties are governed by the laws of the Commonwealth of Pennsylvania and by the rules of the SF&PA, and are contained in a document entitled "Swarthmore Fire & Protective Association: Membership Duties." The rules governing membership conduct are contained in a document entitled "Swarthmore Fire & Protective Association: Code of Conduct."

The aforementioned documents setting forth the duties and the code of conduct for members of the SF&PA must additionally be reviewed by the parent(s) or guardian of any prospective Junior Member or Junior Junior Member. By signing this Contract, the prospective Junior Member or Junior Junior Member agrees to adhere at all times to both the terms of this Contract and to the rules and regulations established by the documents establishing the Membership Duties and the Code of Conduct.

Prior to being presented as a candidate for Membership at a General Meeting of the SF&PA, this contract and the SF&PA Code of Conduct and Duties of Membership will be reviewed by the Chief and the members of the Investigating Committee with the prospective member and his or her parent(s) or guardian. This contract will then be signed by the prospective member, his or her parent(s) or guardian, and the Chief.

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, and intending to be bound by the terms of this Contract, the signatories to this document hereby agree that the following terms and conditions shall govern the membership of \_\_\_\_\_ as a Junior or Junior Junior Member of the SF&PA.

1. The undersigned prospective Junior or Junior Junior Member hereby acknowledges receiving and reviewing the documents entitled "Swarthmore Fire & Protective Association: Code of Conduct" and "Swarthmore Fire & Protective Association: Membership Duties." The prospective member hereby affirms that he or she both understands and has had the significance and the contents of these documents explained. The prospective member agrees to follow the rules and regulations set forth in these documents.

2. The education of the prospective member has absolute priority over any involvement of the prospective members in the activities of the SF&PA. Poor grades, poor attendance, or poor behavior at school will result in suspension from the Association. The undersigned parents or guardians hereby agrees to notify the SF&PA in the event that he or she

is notified by the prospective member's school that the prospective member's grades, attendance or behavior is unacceptable.

3. Any and all responsibilities and duties of the prospective member that have been established by the parent have priority over any involvement in the activities of the Association.

4. Any infraction of any of the SF&PA's Rules, Regulations, Policies, or Procedures, whether written or verbal, may result in disciplinary action. The prospective Junior or Junior Junior Member understands that membership in the Association is a privilege that, in the event of any violation of the terms of this contract, may be suspended by the Chief, a live officer of the SF&PA appointed by the Chief and/or the Board of Directors.

5. Copies of this contract have been provided to the prospective member and his or her parent(s) or guardian. The original shall be kept with the prospective member's records.

WHEREFORE, in light of the undersigned now put their hands and seal on the date first set forth above:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Fire Chief



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# SWARTHMORE FIRE & PROTECTIVE ASSOCIATION

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## PHYSICAL EXAMINATION RECORD

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### Medical History (To be completed by applicant or examinee)

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
(last) (first) (middle)

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_  
(name) (address) (phone)

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MEDICAL HISTORY: Please list all medical conditions/problems that you are currently diagnosed with or have been diagnosed with in the past:

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MEDICATIONS: Please list all medications that you are currently taking:

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ALLERGIES: Please list any medications you are allergic to as well as any dietary or environmental allergies:

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### IMMUNIZATIONS:

PPD: Date placed \_\_\_\_\_ Date read \_\_\_\_\_ Results \_\_\_(pos) \_\_\_(neg)

if Positive, results of Chest X-Ray \_\_\_\_\_, appropriate treatment received \_\_\_\_\_

**\*PPD must be placed with Physical unless documentation is provided of a PPD test within the last year.**

When was your last Tetanus Toxoid booster? (approximate date) \_\_\_\_\_

Have you received a pertussis booster? \_\_\_\_\_

Are you up-to-date on the following vaccines?

Yes No

Hepatitis-B (series of three shots) \_\_\_\_\_

Polio \_\_\_\_\_

MMR \_\_\_\_\_

Chickenpox \_\_\_\_\_

(please note if you had chickenpox rather than the vaccine)

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FAMILY HISTORY: (Mother, Father, Brothers, Sisters): List any significant diseases and age at death if any are deceased.

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If any of the following are checked "Yes," give details in space provided (Age, condition, etc.)

Yes No

Have you ever been a patient in a medical hospital or a mental health institution? If yes, explain below.

Have you ever filed a compensation claim or received benefits as a result of an industrial injury or disease? If yes, explain below.

Have you missed more than a total of ten days work during the past two years? If yes, explain below.

Has your work ever been restricted because of your health? If yes, explain below.

Do you have any physical or mental complaint at present? If yes, explain below.

Do you use alcoholic beverages? Occasionally \_\_\_\_\_, Daily \_\_\_\_\_, How much? \_\_\_\_\_

Do you smoke? If yes, for how long, and how much? \_\_\_\_\_

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Use this space to add any additional information:

I have reviewed the foregoing statements. This information is true and correct to the best of my knowledge.

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Signature of Applicant/ Examinee



**MUST BE ANSWERED FOR ALL PLANS.**



**NORTH AMERICAN BENEFITS COMPANY**

CERT. NO.

POLICY NUMBER

1769-000001

MY LAST NAME

FIRST

INITIAL

SEX  
 M  
 F

DATE OF BIRTH  
MO. DAY YEAR

MY OCCUPATION

Volunteer Firefighter/EMS

NAME OF MY EMPLOYER

Swarthmore Fire & Protective Relief Assn.

AMOUNT OF EARNINGS  
\$ 0  
 Hr.  Wk.  
 Mo.  Yr.

FULL-TIME EMPLOYMENT DATE  
MO. DAY YEAR

SOCIAL SECURITY NO.

**FILL IN WHEN GROUP POLICY PROVIDES DEPENDENT BENEFIT**

Do you have eligible Dependents?  Yes  No  
Check dependents you wish to insure  
 Spouse  Children  None

Spouse's Signature \_\_\_\_\_  
Dependent Age 18  
Or Older Signature \_\_\_\_\_

SPOUSE'S DATE OF BIRTH  
MO. DAY YEAR

**IF PLAN REQUIRES PAYROLL DEDUCTIONS COMPLETE THIS PORTION**

CONTRIBUTORY LIFE  Yes  No  
WEEKLY INDEMNITY  Yes  No

INSURANCE AMOUNT \$ \_\_\_\_\_  
LONG TERM DISABILITY  Yes  No

**IF PLAN PROVIDES LIFE, OR ACCIDENTAL DEATH INSURANCE, COMPLETE THIS PORTION**

BENEFICIARY'S LAST NAME FIRST INITIAL AGE RELATIONSHIP TO EMPLOYEE

Primary \_\_\_\_\_

Contingent \_\_\_\_\_

Your benefits will be paid first to the Primary beneficiary(ies). If that person(s) is deceased, benefits will be paid to the Contingent beneficiary(ies). (Legal appointment of guardian is required if minor is named as beneficiary.)

**PLEASE READ, DATE AND SIGN THIS PORTION**

I am an active, full-time employee. The complete terms of the group insurance coverage will be set forth in the group insurance policy(ies). If my employer requires contributions for the insurance I have selected, I authorize my employer to deduct such contributions from my wages.

Date Signed

Signature of Employee

2658

SF-1

WHITE - NABCO

YELLOW - Group Policyholder

GREEN - Employee's Copy



*Swarthmore Fire & Protective Relief Association*

NOTE TO MEMBER-Our Volunteers are protected with Group Insurance. It is to your advantage to name a beneficiary. Please show the following information. Return to Secretary immediately. THIS IS IMPORTANT.

✓ Member's Name: \_\_\_\_\_

✓ Member's Date of Birth: \_\_\_\_\_

Beneficiary of death benefit. (Print full name, address, telephone number, and relationship of each to Proposed Insured.)

(a) Primary Class (will receive payment first, if living and not disqualified)

✓ \_\_\_\_\_

(b) Contingent Class (will receive payment only if living, not disqualified, and if no primary beneficiary receives payment.)

✓ \_\_\_\_\_

Member's Signature: ✓ \_\_\_\_\_ Today's Date: ✓ \_\_\_\_\_