



Membership Application Process

Dear Applicant,

Thank you for your interest in the Goshen Fire Company. This letter will inform you about the department and the process for becoming a member. The attached forms should be printed and completed in order to start the application process.

The Goshen Fire Company is a combination of Volunteer and Career Firefighters, EMS personnel, Fire Police, and Administrative personnel. In 2008, there are 75 Firefighter volunteers, 65 EMS volunteers, and 25 Fire Police Volunteers. Several of them participate with more than one division. There are 8 Full Time Career Firefighter/EMTs and 17 Part Time Career Firefighter/EMTs. Our first run coverage area includes East Goshen Township, West Goshen Township east of Route 202, Westtown Township east of Concord Road, and Willistown Township South of Goshen Road.

Application Process:

- Submit Application

- The ***Membership Application*** and the ***Applicant's Disclosure and Consent Release of Information*** documents must be completed by the prospective member. Note: If you are under 18 years of age, a separate packet for Junior Member ship will be given to you to review and complete with your parents.
- The membership application with your initial dues of \$5.00 should be dropped off at Station 54 on Park Avenue or mailed to:
Goshen Fire Company
1320 Park Avenue
West Chester, PA 19380
- Upon receipt of your completed application, our membership committee will review the application and post your name as a prospective member at Station 54 for one month after the first Board meeting following receipt of the application. Board meetings are the last Wednesday of each month.

- The Membership Committee will then:
 - Contact your references
 - Run a background check
 - Interview you
 - Contact any previous departments of which you were a member
 - Report their finds with a recommendation at the second Board meeting following receipt of the application.
- Applicants for Fire and EMS are encouraged to attend Monday night training which starts at 7:00 pm. The schedule is posted at www.goshenfireco.org.
- Applicants for Fire, EMS, and Fire Police should make copies of all applicable certifications that you have received. This includes, but is not limited to, CPR, First Aid-First Responder-EMT, and NIMS classes.

- After being accepted as a member of Goshen Fire Company, you will receive additional information which includes the Standard Operating Procedures for the division in which you will participate and insurance coverage.

- Further questions about the application process should be directed to the following member:

Steve Fitz - call 610-960-6308 or email gfc@goshenfireco.org with membership in the subject.

Thank you,
The Members of Goshen Fire Company - Stations 54 and 56

Membership Application

Goshen Fire Company

Station 54
1320 Park Avenue
West Chester, PA 19380

Station 56
1299 Boot Road
West Chester, PA 19380

Personal Information:

Last Name: _____ First Name: _____ M.I. ____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Email Address: _____
Driver's License: _____

Operator No.	Class	Expiration Date
--------------	-------	-----------------

Occupation: _____
Employer - Company: _____
Employer Contact: _____ Phone Number: _____
Employer Address: _____

Have you ever been convicted of a misdemeanor or a felony? Yes No
If yes, provide details: _____

Note: Any information in this application that is found to be false is grounds for immediate dismissal from the Goshen Fire Company. All statements are subject to investigation.

Position Information:

(Please check all applicable) Fire: EMS: Fire Police: Social:
Previous Fire/EMS/Fire Police Service Experience

Department Name: _____
Address: _____

Contact: _____ Phone Number: _____

References:

Please Provide Three References (Name, Address, Phone Number)

1. _____

2. _____

3. _____

Signature and Dues:

Dues are \$5.00 per year and must accompany this application
Checks should be made payable to *Goshen Fire Company*

I certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Proposed by: _____ Date: _____

Office Use Only

Date Posted: _____ Date Accepted: _____ or Rejected: _____

By Board of Directors: _____

Recommendation of Investigating Committee: Accept: Reject: _____

If rejected, please provide reasons: _____

APPLICANT'S Disclosure & Consent RELEASE OF INFORMATION

APPLICANT INFORMATION		Goshen Fire Company	Account Number: 101-102705
Applicant Name: (First Middle Last) _____		Current Address: (street address) _____	
Other Name(s) Used: (like Maiden) _____		City: _____	State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1) _____		
Social Security No.* _____	City: _____	State: _____	Zip: _____
Driver's License No.: _____	State: _____	Former Address: (2) _____	
Date of Birth: * _____	Place of Birth: (City, State, Country) _____	City: _____	State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____



Fax to (770) 984-8997

