

# MEMBERSHIP APPLICATION PROCESS



Dear Applicant,

Thank you for your interest in the Honey Brook Fire Company #1. This letter will inform you about both the department and what you can expect in the next few months.

Honey Brook Fire Company #1 is a 100% volunteer fire company funded by donations. We have approximately 240 members, with about 20-30 regularly active firefighters and 12 active Fire Police. Our primary first due response area is 38 square miles consisting of Honey Brook Borough, Honey Brook Township, and parts of Salisbury Township and Caernarvon Township, Lancaster County. To find out more about our department, please visit our web site at [www.honeybrookfire.org](http://www.honeybrookfire.org).

Application Process:

- Submit Application:
  - The membership application must be completed entirely by the prospective applicant; if you are under 18 years of age, please be sure to complete the Junior Membership Application on page 3 and return it with the application.
  - The membership application should be returned to the Honey Brook Fire Company #1 at 679 Firehouse Lane, Honey Brook. The best time to turn it in would be during our training night each Monday starting at 6:30 pm. Enclosed with the application should be \$20.00 which is broken down further on page 2.
  - Upon receipt of the completed application, your application for membership will be announced at the first monthly business meeting. Business meetings are held the first Friday night of each month beginning at 7:00 pm.
  - The Membership Committee will begin gathering information on you after the first reading, which will be reported back to the next month's meeting including:
    - A criminal background check
    - Contacting any previous departments where you were a member
- After the application has been announced at the first monthly business meeting
  - The applicant is encouraged to attend Monday night training, which begins at 6:30 pm. During this time you are encouraged to introduce yourself to the current active members and line officers.

Upon acceptance into the Honey Brook Fire Company #1 you will receive further information.

Thank you,

Honey Brook Fire Company #1

# MEMBERSHIP APPLICATION - JUNIOR CONSENT FORM



## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Place \_\_\_\_\_ Birth Date \_\_\_\_\_

SSN \_\_\_\_\_ PA Driver's License Number \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eyes \_\_\_\_\_ Hair Color \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

\*Please note: The Honey Brook Fire Company #1 is governed by the Child Labor Laws set forth by the Commonwealth of Pennsylvania.

## WORKING PAPERS SECTION

High School Name \_\_\_\_\_

Principal Name \_\_\_\_\_

\*Please enclose working papers with completed application.

## OTHER INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am the above named applicant, that all information stated on this application is true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Honey Brook Fire Company #1 Sponsor #1 \_\_\_\_\_

Honey Brook Fire Company #1 Sponsor #2 \_\_\_\_\_

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a non-position related handicap or disability of an individual who is capable of performing the essential functions of the position with or without reasonable accommodation.

### OFFICE USE ONLY

Date Received \_\_\_\_\_ Reading of application \_\_\_\_\_

Action Taken:  Approved  Denied

# HONEY BROOK FIRE COMPANY #1

## PERSONAL INFORMATION SHEET



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### PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ PA Driver's License Number \_\_\_\_\_

Rank \_\_\_\_\_ ID Tag Number \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Home  Cell  Work Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_

Home  Cell  Work Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_

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