Attached is an ***application******for******membership*** to be filled out by the applicant. The ***State Police Criminal History Report will be run by a member of the Investigation Committee.***

No person will be admitted to membership under eighteen (18) years of age. They can apply for Jr. Membership starting at the age of 14 yrs.

Alpha Fire Company #1 Inc. of Littlestown, Pennsylvania does not discriminate based on race, religion, creed, sex, or national origin.

All Alpha members will be covered by the current insurance carried by the company and will be beneficial members.

Application(s) can be e-mailed to mem.sec@alpha20fire.org or mailed to the address above. You may also drop them off at the firehouse for a member to place them in the *Membership Secretary mailbox. Add c/o Membership Secretary beneath Alpha Fire Co. on the envelope when mailing them.*

Application(s) are now PDF fillable. Save the application to your location and enter the information via computer prior to e-mailing them to the address above. You may also print and manually enter your information before dropping it off or mailing it.

Return the application along with $10.00 membership dues.

Any person(s) found ***falsifying*** **ANY** information on the application is subjected to disciplinary action up to and including termination of membership in Alpha Fire Co. #1 of Littlestown, PA.

Alpha Fire Co. #1, Inc. would like to thank you for your interest in volunteering your time in serving our community to make Littlestown a better and safer place to live.

Questions may be addressed to the Membership Secretary at mem.sec@alpha20fire.org or call 717.359.4212 ext. 107. Someone will return your call asap.

The Membership Secretary will be in contact with you, the applicant, via phone and/or email. Please make sure your handwriting is legible.

* 1st Month: your application is presented to the membership *along with* your interests of participation, previous Fire Company(s) affiliation(s), and other necessary information.
* Following presentation to the membership, the secretary will hand pertinent information over to a member of the Investigation Committee.
* **A member of the Investigation Committee will be in contact with you to set up your interview AFTER the initial introduction.**

*APPLICANT INVESTIGATION:*

A member of Alpha’s Investigation Committee will be in contact with the applicant to set up the interview date and time.

* Bring the following items with you to the interview (all items MUST be the original):
	+ Current driver’s license *(NO* photocopies will be accepted by Alpha Fire Co. #1)
	+ Training certificates (may be copies if the original is not available)
	+ Letters of recommendation(s), if any

The applicant **WILL NOT ATTEND** the following month’s meeting. At this meeting, the Investigating Committee will either *recommend* or *not recommend* your application to the general membership based on your interview and/or background investigation.

If the applicant is *not recommended*, an election will take place by the general membership at the meeting to vote on the applicant. Voting is done by means of a secret ballot or showing of raised hands. If the body votes favorably by two-thirds (2/3) vote, the applicant will be accepted for membership.

If the applicant *is recommended*, the process continues as normal.

Within two (2) weeks following the meeting, the Membership Secretary will notify the prospective member with status of his/her membership via U.S. Mail and/or e-mail.

If your membership application is denied for any reason, membership dues will be returned to you from Alpha Fire Co. #1 in a check form.

Applicants who are denied membership for any reason *CANNOT* re-apply for a period of one (1) year from the date of the original application.

ACCEPTED MEMBERSHIP:

Applicants who are accepted into membership will be placed on probation for at least one (1) year.

During this period, the applicant:

1. will receive a copy of Alpha’s by-laws via e-mail unless otherwise notified.
2. must submit beneficiary documents to Membership Secretary.
3. is required to attend and pass all necessary training and/or seminars presented by Alpha Fire Co. #1 and/or other agencies.
	1. All seminars will be paid for by Alpha Fire Co. #1 per regulations in the by-laws.
4. is required to participate in company fundraisers and work details

END OF PROBATION:

At the end of this 1-year period, one of three recommendations will be made to the body of Alpha during the current meeting.

Recommendations are based off the following criteria but not held to; attendance/participation on Fireside and/or Fire Police (calls, trainings, classes etc.), attendance/participation with various fundraisers, participation in work details, and any known issues that may have occurred during the probation period.

The Membership Secretary will reach out to the Chief, President, Fire Police and the fundraising committee for input on the applicants’ participation during the year.

There are three (3) outcomes that can take place.

1. Accept the applicant as member of Alpha – if the applicant is accepted, they will be given a regular membership card if after April’s meeting and required to pay $10.00 yearly dues. The member(s) will receive full company benefits.
2. Deny the applicant as a member – the member will be sent a denial letter and cannot reapply for 1 calendar year after the meeting date for which they were denied.
3. Extend the applicant’s probationary period – the applicant will be handed over to the Judicial Board with all criteria and they will determine the length of extension, if any.

**NOTE:** If probation is not completed, the applicant MUST wait one (1) full calendar year before re-applying for membership.

***Please detach this section and keep for your information concerning your one (1) year probation period.***

***DO NOT turn the above section in with your application!***

***Thank you for applying to Alpha!***

*Please fill out the information to the best of your knowledge and ability. Please* ***PRINT****!*

**Applicants’ Information**

Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last, first, middle)

Alias Name(s), if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address, if different than above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Since\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_ Race (optional) \_\_\_\_\_\_\_\_\_\_\_

Previous Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Information:**

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Any previous memberships or been affiliated with other Fire Companies?** No Yes (if so, complete following information)

**List the following: *Fire Company Names, Address’, Chief’s Name and Phone Number***

**Have you ever been suspended from any Fire Co?** No Yes Date Suspended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Co. suspended from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever had your driver’s license suspended in the last three (3) years? No Yes**

If yes, which state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of suspension? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? No Yes If so, which State? \_\_\_\_\_\_\_Date(s) \_\_\_\_\_\_\_\_\_

Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Point of Entry Preference:** *Please choose which you would like to use for your initial point of entry to the building.*

Keycard: the 1st one is free after that, they are $5.00.

If you choose to have a fob instead of a card, $10.00 must be paid before getting the fob.

\_\_\_\_\_\_\_ Keycard \_\_\_\_\_\_\_Key fob **DECLARATION OF THE APPLICANT**

**I, the undersigned, hereby respectively submit my application for active membership in the Alpha Fire Co. #1, Inc. I hereby declare the above stated information to be complete and true to the best of my knowledge. I also understand the omission of any of the above requested information will result in termination of my membership at any future date and forfeiture of any monetary reimbursements, privileges’, or offices. I am at the present time in sound physical and mental health. If I am accepted for membership, I will abide by the rules and regulations as set forth in the By-laws of the Alpha Fire Co. #1, Inc and will answer the alarm whenever it is possible for me to do so. I understand I will be a PROBATIONARY MEMBER for a period of 12 months, and I will attend at least 8 monthly meetings during that time and will attend whatever training(s) that is made available to me during that time. Enclosed you will find my application fee of $10.00.**

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Interest(s) as an Active Members with Alpha:** Fire\_\_\_\_\_ Fire Police\_\_\_\_\_\_ Fundraising \_\_\_\_\_\_

**Interested in being on a committee?** If so, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**

**Recommendation(s) for applicant:**

( ) *I propose the above named applicant for membership of the Alpha Fire Co. #1, Inc. and will be responsible for the said applicant during his/her probationary period.*

Members Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) *Member issuing application only*

Members Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) *Check if application was received off the website and submitted by applicant*

**Notes**:

***Emergency Contact Information***

Name/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Beneficiary Information for Alpha***

Name of Beneificiary/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Beneificiary/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Beneificiary/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_