MEMBERSHIP APPLICATION

	Please Indicate Application Preference
	Firefighter: Anyone 18 Years or Older wishing to join the ranks of an Active Firefighter.
	Junior Firefighter: Anyone 14 – 17 Years of Age wishing to be a Jr. Firefighter. Working papers need to be attached.
	Support Staff: Anyone who does fundraisers or anyone over 21 wishing to join social club.

Application Instructions

1. **Active FF Membership-Attach $15 check or cash.**
   Social Club Membership-Attach $35 check or cash.

2. **Fill out Application in its Entirety. If Question Does Not Apply, Please Indicate "N/A" Or "Not Applicable."**

3. **Please Print CLEARLY in Ink, or Type**

4. **Hand in Completed Application Packet to Department Secretary**
   Incomplete Applications will NOT be accepted*

- Or -

Mail To: **Columbia Borough Fire Department**
P.O. Box 426
Columbia, PA 17512
Attn.: Membership Committee

Section I General Information

******MUST PRINT LEGIBLY or membership may be DENIED******

Applicant Name

Last _____ First _____ Middle Initial _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Telephone Home _____ Cell _____

Work _____ Ext _____ Ok to call? Yes No

E-mail Address _____

Date of Birth _____ SSN* _____

****Firefighters only (including Juniors)****

Do you have any relatives that are members of the CBFD (Past or Present)
If, so? Who and what relation?

Do you have any former names or alias (***including maiden name***)?

Section II Memberships and Experience

Do you hold any Professional Certificates, Licenses, or Specialized Job Training?

Yes No

If yes? Explain:

Do you currently maintain memberships in any other organizations?

Yes No

If yes? Explain:

If yes? Do you hold any office or are you employed by the organization?

If yes? Explain:

Do you have any hobbies or skills which you feel will benefit the CBFD?

If yes? Explain:

Do you have any previous Emergency Service Experience? Yes No

If No? Skip this section.

Previous Department/Agency:

Position(s) held

Last Active: Reason for Leaving:

Contact Name/Title/Phone # from last Dept./Agency:

Emergency Service Training/Certifications:

Section III Background

******Please be sure to list ALL offenses to avoid rejection of application******

Have you ***ever*** been convicted of, or entered a Plea of Guilty or ARD/Section 17 to ***any*** Crime?
If yes? Explain: What were you convicted of and when? _____

In the last (5) years, have you received, or have pending, any Summary Citations (Including Vehicular)?
If yes, Explain: _____

Have you ever served in the US or other branch of the Military? Yes No

Branch Date of Discharge

If other than Honorable Discharge, Please Explain: _____

Please provide two CBFD members in good standing, *who are not related to you* and *were not previous co-workers or supervisors* as sponsors:

Name	Telephone Number	Association	Years Known

I am submitting this application providing truthful and complete answers to all questions. I agree that I am responding to all questions with my best ability. I understand that all answers and submissions made on this application are subject to investigation and review. I understand that a state police background investigation will be completed, and my acceptance into the Columbia Borough Fire Department is contingent upon a successful background check.

I authorize the Columbia Borough Fire Department to inquire into my educational, criminal, and employment records; as well as all references.

I understand that any falsification, failure to provide a clear answer, or omission on this application could result in my denial of membership, or termination of membership from the Columbia Borough Fire Department.

_____
Print Name

_____ _____
Signature **Date**

Release and Waiver

1. As an applicant with the Columbia Borough Fire Department, I am requested to furnish information for use in determining my qualifications for membership. I hereby authorize any representative of the Columbia Borough Police Department and the Columbia Borough Fire Department, Inc. bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged, and/or derogatory in nature; including but not limited to police officer records, employment information, results of background investigations which pertain to me, psychological examinations and their results, educational records/transcripts, polygraph examinations and their results, dental records, credit and financial information, local criminal history information and/or any information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which includes those that have been "sealed" pursuant to any agreement and any internal affairs investigations, current or closed, or any files deemed confidential to me.

2. I authorize release of any record of contact between law enforcement agencies and myself, to include arrests and convictions. I authorize the release to any law enforcement agency any information ascertained in this investigation relating to a possible crime.

3. I also authorize the release of any medical records or medical information in the files of my current or former employer(s), or any current or former physician (s). ***(Firefighters & Juniors only)***

4. I hereby direct you to release this information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Columbia Borough Police Department and the Columbia Borough Fire Department.

5. I hereby release the Borough of Columbia, the Columbia Borough Fire Department and your respective members, officers, directors, agents, successors and assigns from any and all liability for damage of whatever kind which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempts to comply therewith.

6. Any falsification of information on criminal background is deemed for immediate termination.

CERTIFICATION: I certify that I have read this authorization form and understand its meaning and purpose.

Name: _____ Signature: _____

Witness Name: _____ Witness Signature: _____

Date: _____

Please Return this Form Along with Your Completed Application Packet

For Official Use Only

Type of Membership ☐ Senior ☐ Junior Firefighter ☐ Support Staff

Date Application Received: _____ Received By: _____

Application Fee Received: _____

Criminal History Background Check: ☐ Pass ☐ Fail

Date Applicant Reviewed by Membership committee: _____

Circle One: Accepted or Rejected

Date Applicant was voted on: _____ Accepted / Not Accepted

Date Applicant received as full member of CBFD: _____

X _____

CBFD Secretary

SOCIAL CLUB MEMBERSHIP NUMBER _____