Kennett Fire Company No.1
301 Dalmatian Street
Kennett Square PA 19348
Phone 610-444-4810 FAX 610-444-2952

Application For Membership
READ CARFULLY AND ANSWER ALL QUESTIONS
Full Name:
Current Address:

City:	State:	Zip Code:

Home Phone:	Cell Phone:
Date of Birth:	Age:

Applicants Signature:
If you are under 18 years of age a parent/guardian signature is required

Parent/Guardian Signature:	Date:

Circle One:	Active Member	Social Member

NOTE: If you are applying for active Membership, a criminal back ground check and child abuse check are required and must be submitted with the application. No application will be processed without these clearances attached.
https://epatch.state.pa.us/home.jsp Criminal Background Check
www.compass.state.pa.us Child Abuse Check
Have you ever been denied membership in this or any other emergency organization Yes / No
A ten dollar ($10.00) membership fee is required to accompany this application. This application must be submitted and proposed by two (2) Active or Active Support members who are eighteen (18) years of age or older. The ten dollar ($10.00) application fee is nonrefundable.

Member's Signature:	Date:

Member's Signature:	Date:

Are you currently/or have you ever been a member of a Fire, Ambulance or any other Emergency Service Organization? Yes / No
If yes, list the organizations name, address and phone number dates of membership and positions held.
List any training for which you have a certificate of completion. (Fire schools, first aid etc.) attach copies of all certifications.

Employment

Employer:
Address:
Phone Number:

Occupation:	Social Security Number:

Court Record

Have you ever been arrested and/or convicted of any criminal offenses? Yes / No If yes explain below:

Driving Record

Are you a licensed driver? Yes / No	State:

Number:	Class:	Expiration:

Have you had any moving violations within the past three (3) years? Yes / No
If yes explain below:

Attach a copy of your current license

Do you have any points on your driver's license? Yes / No

If yes how many?

Medical History

Would you classify your general health as good? Yes / No
If No explain below:

List all allergies and prescribed medications:

Are you presently under medical care? Yes / No
If yes explain below:

Please list three non-relatives who have known you for at least five years. References must be over the age of eighteen (18)		
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Years Known:	
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Years Known:	
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Years Known:	