



Dover Township Volunteer Fire Department



3700-1 Davidsburg Road • Dover, PA 17315 • (717) 292-4196

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Last Name _____	First Name _____	Middle Initial _____
Complete Home Address _____	Mailing Address (if different) _____	
No. St. _____	No. St. _____	
Apt. _____	Apt. _____	
City _____	City _____	
State _____ Zip Code _____	State _____ Zip Code _____	

Telephone No: Day: () _____ SSN _____
 Evening: () _____ DOB (required for criminal history check) _____

Are you between the age of 18 and 70? () Yes () No
 If "no", please state your age: _____

Do you have a valid motor vehicle operators license? () Yes () No

State _____ Class _____ Expiration date _____ License # _____
 Are you a United States citizen? () Yes () No

If "no", please state visa and/or resident number _____

Position(s) desired with the department: (check all that apply)

- () fire-fighter () emergency medical services
- () fire police () administrative
- () fund raising () maintenance
- () auxiliary () rescue
- () other (please list) _____

Available : () day () evening () night

Available weekends/holidays: () yes () no () some

Do you have any relatives or friends that are members of the department? () yes () no

If yes , list name(s) and relationship: _____

Who referred you to the department? _____
 1.

Are there any limitations which would impair your performance for the position which you are applying? () yes () no
If "yes", please explain: _____

Any allergies and/or allergic reactions? _____

Are you now or have been a member of another emergency service organization? () no () yes

If "yes", please list name, address, telephone number, dates active, and reason for leaving for each emergency service organization. (Use blank piece of paper if more space is needed)

Have you ever been convicted of a misdemeanor or felony?
() yes () no

If "yes", give details, show each offense, date, charge, place, court, and action taken. (Use a blank piece of paper if more space is needed.)

Please note that a conviction record will not necessarily prevent membership at Dover Township Volunteer Fire Department. Such factors as nature of offense and other aggravating and mitigating circumstances will be considered.

Military

Branch of service: _____

Period of active duty: from _____ to _____
Month/Year Month/Year

Military Specialty: _____

Type of Discharge: _____
(If other than honorable, please explain): _____

Education

	Name/Location	Course of Study	Degree/Date
High school			
Business school			
Trade school			
College			
Graduate school			
Other			

Professional Organizations

Professional licenses/certifications:

State issued: _____ Date issued _____ Renewal date _____

Employment

Name and address of current employer and/or past employers for the past 3 years: (use back of this page if more space is needed)

Telephone number: () _____

Date employed: _____ Your position _____

Name and title of supervisor: _____

May we contact your present employer? () Yes () No

Skill Inventory

Administrative

- finance
- fund raising
- specification writing
- human resources
- government
- legal
- fire prevention

Computer/Data Processing

- operator
 - programming
 - personal computers
 - maintenance
- Engineering
- mechanical
 - industrial
 - facility

Clerical

- typing
- word processing
- dictation
- fax
- copier

Mechanical

- small engine repair
- portable pump repair
- gas engine repair
- diesel engine repair
- vehicle electrical
- hydraulics
- fire pump maintenance
- metal working
- wood working
- masonry
- auto body repair
- havoc
- electrical
- plumbing

Medical

- EMT
- paramedic
- RN/LPN
- MD/DO
- CPR
- CPR instructor
- EMT instructor
- first aid
- first aid instructor
- first responder
- sign language
- bi-lingual
- DMD/DDS
- other medical practitioner _____

Emergency operations

- apparatus driver/operator
- SCBA maintenance
- officer
- instructor
- specialized rescue

(Please explain)

Please attach copies of all emergency operations/EMS certificates

Character References (Non-Family)

Name	Address/tel. # (complete)	Occupation	Years known
1.			
2.			
3.			

The Dover Township Volunteer Fire Department does not discriminate on the basis of race, age, color, national origin, marital status, sex, sexual orientation, or religious beliefs.

Primary Emergency Contact

Last Name _____ First Name _____
Relation _____ Phone No. _____
Address _____

Secondary Emergency Contact

Last Name _____ First Name _____
Relation _____ Phone No. _____
Address _____

*****DO NOT WRITE BELOW THIS LINE*****

Application received: _____ by: _____

Date sent references _____

Date posted _____

Date received references _____

Date of interview _____ confirmed _____

Interviewers 1. _____ 2. _____ 3. _____

Interviewers comments: _____

Parental/ guardian consent (if under 18 years) _____

Work permit received (if necessary) _____

Permit number _____

Acceptance date _____ notified _____ by _____

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____

Member's/Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two Primary Beneficiaries and one Contingent Beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiaries and two second Contingent Beneficiaries	Jane Ann Jones, wife 100%	Children born of my marriage to Jane Anne Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%
Unequal distribution (always as percentages)	Grace Hays Jones, mother 50% Marie Jones Ford, sister 25% John Roger Jones, brother 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors or Administrators of the insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.