

**PROCEDURES FOR FILING MEMBERSHIP APPLICATION  
ALPHA FIRE CO. #1  
LITTLESTOWN, PA 17340**

**No person shall be admitted to membership under eighteen (18) years of age.** All company members will be covered by the current insurance carried by the company and will be beneficial members.

1. Alpha Fire Company #1, Inc., of Littlestown, Pennsylvania, **does not discriminate** based on race, religion, creed, sex, or national origin.
2. Obtain an application from a member of Alpha Fire Company or from Alpha Fire Company's website, [www.alpha20.org](http://www.alpha20.org)
3. **Complete ALL parts and questions on the application** and return the **completed application form to the member, or the engine house, along with \$5.00 membership dues** (Dues will be refunded if the application is rejected for membership) by the **Thursday** preceding the **First Tuesday** of the month. The new applicant **must attend this Tuesday night meeting** at 19:30 hours at the engine house located at 40 East King Street, Littlestown, PA 17340, to be introduced to the general membership of Alpha Fire Company #1.
4. After you have been presented to the membership, you will be dismissed from the meeting. A member of the investigating committee will contact you to arrange a time to take your picture and to make copies of **all current** driver's license, social security card, training certificates, and letters of recommendation, (original documents needed to make copies for the fire company, no photo copies will be accepted) **before any prospective member will be investigated** for membership into Alpha Fire Company #1.
5. Following the regular meeting, your application will be turned over to the investigating committee. The investigating committee will provide a recommendation to the company at the following month's meeting.
6. The following monthly meeting of the Alpha Fire Company #1, the applicant **does not attend**, as this month the general membership will vote by secret ballot for each new applicant coming up for election (if the investigating committee receives the **Pennsylvania State Police Criminal History Report** back in time for this meeting).
7. Within two weeks following the election meeting, the Secretary will notify each prospective member, by U.S. mail, if he/she was approved or rejected. If rejected, your \$5.00 membership dues will be refunded and the applicant cannot reapply for a period of one (1) year.
8. If accepted for membership, you will be placed on **probation** for **at least ONE (1) year**. During probation, you will receive a copy of the bylaws, and will be **required to participate in 50% of Company** activities, meetings, fire/EMS calls, fire/EMS trainings, fund raisers and work details conducted by Alpha Fire Company #1. You will also be **required** to attend and **pass** firefighting/EMS training seminars offered by Alpha Fire Company #1 and/or other agencies.

These seminars will be paid for by the fire company per regulations in the Alpha Fire Company #1 Bylaws.

9. At the end of your one year probationary period, the chief, line officers, and EMS officers will make their recommendations to the judicial board. These recommendations can include that you have successfully completed your probation or what problems may exist. At this time the judicial board will consider these recommendations along with other information and approve you for full membership or advise you what actions are necessary to obtain full membership. (If probation is not completed, you must wait one (1) year before you can reapply for membership).
10. If you are awarded full membership, you will be issued a regular membership card and receive full company benefits.

Any person found **falsifying** any information on the application is subject to disciplinary action up to and including termination of membership in Alpha Fire Company #1 of Littlestown, PA.

Alpha Fire Company #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.

***PLEASE DETACH THIS SECTION AND KEEP FOR YOUR INFORMATION CONCERNING YOUR ONE (1) YEAR PROBATION PERIOD.***

## RELEASE AUTHORIZATION

In connection with my application for membership with **ALPHA FIRE COMPANY #1, INC.**, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Furthermore, I understand that you may be requesting information concerning my motor vehicle operation history and criminal record history from various states, private and insurance sources along with other public records available.

**I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, FEDERAL AGENCY, FINANCE BUREAU/OFFICE, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE DRIVING RECORDS OR ANY OTHER INFORMATION REQUESTED. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FROM THE DATE SIGNED UNTIL MY TERMINATION OF MEMBERSHIP IN ALPHA FIRE COMPANY #1, INC. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.**

This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if membership is denied because of information obtained by my prospective organization from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of the information. Any information or questions should be directed to the following address:

***ALPHA FIRE COMPANY #1, INC., 40 E. King St., Littlestown, PA, 17340 - Telephone (717) 359-4212***

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**The following must be filled out completely for your application to be considered. (Please Print)**

\_\_\_\_\_

<b>Last name</b>	<b>First Name</b>	<b>Middle Name</b>
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\_\_\_\_\_

**Home Address**

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Social Security Number</b>	<b>Date of Birth</b>
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\_\_\_\_\_

<b>Drivers License Number</b>	<b>State Drivers License was Issued</b>	<b>Expiration</b>
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# ALPHA FIRE COMPANY #1, INC.

P.O. BOX 475 LITTLESTOWN, PA 17340-0475

## MEMBERSHIP APPLICATION

Applicant's Full Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(last) (First) (Middle) (Aliases)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Since \_\_\_\_\_ Gender \_\_\_\_\_ Race (optional) \_\_\_\_\_ Primary Phone# \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ to Date \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Beneficiary's Name/Relationship \_\_\_\_\_

Previous membership(s) to another Fire Company? **No** **Yes** (Complete following information)

1) Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
2) Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
3) Name of Company \_\_\_\_\_ Address \_\_\_\_\_

1) Chief's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
2) Chief's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
3) Chief's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Have you ever been suspended from any Fire Company? **No** **Yes** Date Suspended \_\_\_\_\_  
Name of Company suspended from \_\_\_\_\_ Address \_\_\_\_\_  
Have you ever had your driver's license suspended in last three years? **No** **Yes**  
If yes, what state \_\_\_\_\_ Date suspended \_\_\_\_\_ Reason \_\_\_\_\_  
Have you ever been convicted of a felony? **No** **Yes**  
If yes, what state \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

## 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 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 & 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 COMPANY # 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 twelve (12) months and I will attend at least eight (8) monthly meetings during that time and will attend whatever training that is made available to me during that time. Enclosed please find my application fee of \$5.00.

Check interests: Active ( ) Social ( ) Ambulance ( ) Fire Police ( ) Other ( ) \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Please print name \_\_\_\_\_

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

Members signature \_\_\_\_\_ Please print name \_\_\_\_\_

( ) Member issuing application only.

Members signature \_\_\_\_\_ Please print name \_\_\_\_\_

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

INVESTIGATION COMMITTEE: Date \_\_\_\_\_ ( ) Recommended ( ) Not recommended

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

Recorded by: \_\_\_\_\_