

LANCASTER COUNTY FIRE POLICE TASK FORCE

Application For Membership

Name:	Phone Number:	
Address:		
Are You 21 Years Old or Older	Height:	Weight:
Social Security Number (Last 4 Digits)	Eye Color:	Hair Color:
Driver's License Number	State:	
Have you ever been convicted of a crime	Marital Status	Number of Children:
(If "Yes" to above, explain)		
Municipality where you are "Sworn In": (Twp., Boro, City)		

EMPLOYMENT:

Employer:	Phone Number:
Address:	Position:
Are you available for emergency calls during working hours?	Working Hours:

EXPERIENCE

List Fire Company & Other Emergency Services Memberships: (Use Back Of Form If Needed)		
Fire Company Name:	Rank:	Years:
Are you an active member now?	Please Attach Training Certificates: (Copies Only)	

REFERENCES: List at least 2 persons not related to you, whom you have known for at least one year

Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

PHYSICAL RECORD:

List any medical restrictions or problems:		
Blood Type:	List any other medical restrictions or problems	
Family Doctor:	Hospital:	Phone:
In case of emergency notify:		

IMPORTANT - PLEASE READ THE BELOW STATEMENTS BEFORE SIGNING

1. I understand that to the best of my knowledge and belief, all the information given on this application for Task Force membership is true, correct and complete. I understand that my statements will be verified and material fact may result in revocation of this application or my subsequent membership termination from the **L.C.F.P.T.F.** regardless of when such fact may be discovered.
2. I hereby give **L.C.F.P.T.F.** the right to make thorough investigation into my previous involvement with other organizations, references and criminal record. I release from all liability all persons, companies, and corporations supplying such information. I release, indemnify and hold harmless **L.C.F.P.T.F.** from and against any and all liability which might result from making such an investigation.
3. I understand that simply by completing this application, does not guarantee membership to the **L.C.F.P.T.F.** I understand that if accepted as a member of **L.C.F.P.T.F.**, that the failure to comply with the rules, regulations, and procedures can/or will result in disciplinary action and/or dismissal. I also understand that my membership is probationary for a period of 90 days.

Signed By: (Applicant) _____ Date: _____

Applicant's Fire Chief _____ Date: _____

Fire Company President _____ Date: _____

Fire Police Captain _____ Date: _____

Fire Chief, President, Fire Police Captain, signatures indicate permission to upload Task Force tone in member's fire company pager.

- Application Terminated (Reason) _____
- Task Force Membership Committee _____
- Voted in on probation _____
- End of Probation _____ Terminated _____

