



## Good Will Fire Company #2

552 East Union Street

West Chester, PA 19380

610-431-4366

[www.goodwillfireco.org](http://www.goodwillfireco.org)

[recruitment@goodwillfireco.org](mailto:recruitment@goodwillfireco.org)

### APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

**Desired Membership Type:**

\_\_\_ Active Firefighter \_\_\_ Active Contributing

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone Num: (\_\_\_\_) \_\_\_\_\_

Cell Phone Num: (\_\_\_\_) \_\_\_\_\_

Work Phone Num: (\_\_\_\_) \_\_\_\_\_

Social Security Num: \_\_\_\_\_

Driver's License Num: \_\_\_\_\_

License Plate # and State: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you under the age of 18? \*\*Yes No

School: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Proposed by: \_\_\_\_\_ Date of Proposal: \_\_\_\_\_  
(Must be a Member in Good Standing)

Previous Firefighting experience (List companies, positions held, and reason for leaving): \_\_\_\_\_

\_\_\_\_\_

List any Fire/EMS training (Attach certificates if possible): \_\_\_\_\_

\_\_\_\_\_

Special qualifications or job skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References (May include only one member of the Good Will Fire Company and an employer, do not use a relative): Include name, address, and phone number.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently a member of another company in the West Chester Fire Department?      Yes      No

**If YES**, please complete the following area:

First West Chester Fire Co.:      Membership Type:      \_\_\_\_\_ Active firefighter      \_\_\_\_\_ Social

Fame Fire Co.:      Membership Type:      \_\_\_\_\_ Active firefighter      \_\_\_\_\_ Social

Note: You cannot be an active firefighter with more than one West Chester company at the same time.

Have you ever been convicted of an offense or crime or are you now charged with any offense or crime?  
(except for traffic offenses/parking tickets):      Yes      No

**If YES**, please provide additional information below.

Additional Information:

Please list all addresses where you have resided during the past 7 years. If you require more space please attach additional sheet(s).






***Any information contained in this application that is found to be false is grounds for immediate dismissal from the Good Will Fire Company #2. All statements are subject to investigation, including a check of police records/criminal history information and a reference check.***

***CERTIFICATION:*** I *certify* that ALL of the statements made on this application are true, complete, and correct to the best of my knowledge, and were made in good faith.

\_\_\_\_\_  
Signature of Applicant (In Ink)

Date: \_\_\_\_\_

A **non-refundable \$20.00** application fee is due with submission of this application. The application fee will cover your first year dues if you are found favorable. Annual dues after initial application are \$20.00 per year.

The applicant or the recommending member must be present at the monthly meeting where the applicant is proposed or the monthly meeting where the applicant is voted on.

**\*\* Any applicant under 18 years of age** must furnish working papers and have a parent or guardian sign the permission form provided by the Electing Committee.

## **Active Members Must Complete Following Affidavit**

By signing below the applicant swears or affirms the following:

I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S. § 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including but not limited to, a fine of at least \$1,000.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant



## CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT LEGIBLY.

Name: \_\_\_\_\_  
Last First Middle

Other names used:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Past Addresses Over Last 10 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*The Good Will Fire Company of West Chester Pennsylvania is requesting your Social Security number (SSN) in order to expedite this background check. Your SSN will not be used in any other way or disclosed except as mandated by law. Your Date of Birth is required in order to obtain accurate retrieval of records.*

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

In connection with my volunteer service with the Good Will Fire Company of West Chester Pennsylvania, I hereby give authorization to conduct a security background check on me. I understand that this security check will cover such information as criminal history, education, employment and professional licenses or certifications. I understand that this may include information from previous employers related to my work experience. I hereby release the Good Will Fire Company of West Chester Pennsylvania as well as the company performing the background check from all liability resulting from the furnishing of this information. I certify that all statements made by me on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements made herein could void my consideration for membership or could result in disciplinary action up to and including expulsion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Beneficiary Information**

### **Instructions**

The following **TWO** forms must be completed and submitted with the membership application. These forms designate beneficiaries for any insurance payments that the member may be eligible for under the insurance policies that the company has in effect. The member should review the insurance policies and familiarize themselves with the coverage that is provided.

# 24-Hour AD&D Beneficiary Designation Form

Please complete this form and return it to your organization's Secretary who should maintain this form with your emergency service organization's records. Please do not return this form to Provident. If necessary, please photocopy this page or print additional copies at [www.providentbenefits.com](http://www.providentbenefits.com). Please PRINT or TYPE.

Policyholder Name (Emergency Service Organization)

Policy #

Insured Person's Last Name

First

Initial

Date of Birth

Insured Person's Street Address

Insured Person's City

State

Zip Code

Social Security #

**Primary Beneficiary** ~ If the benefit is to be paid to more than one person, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all primary beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share

**Contingent Beneficiary** ~ The contingent beneficiary(ies) will only receive benefits if all named primary beneficiaries predecease the Insured Person. If the benefit is to be paid to more than one contingent beneficiary, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each contingent beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all contingent beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share

Insured Person's Signature

Date Signed



**PROVIDENT**

PAI-AD&D-BENE 07/2006

Please return this form to your organization's secretary where it should be maintained with your emergency service organization's records.

Provided by: Provident Agency, Inc.  
Toll Free 800.447.0360

# Accident & Health Beneficiary Designation Form

Please complete this form and return it to your organization's Secretary who should maintain this form with your emergency service organization's records. Please do not return this form to Provident. If necessary, please photocopy this page or print additional copies at [www.providentbenefits.com](http://www.providentbenefits.com). Please PRINT or TYPE.

Policyholder Name (Emergency Service Organization)

Policy #

Insured Person's Last Name

First

Initial

Date of Birth

Insured Person's Street Address

Insured Person's City

State

Zip Code

Social Security #

**Primary Beneficiary** ~ If the benefit is to be paid to more than one person, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all primary beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share

**Contingent Beneficiary** ~ The contingent beneficiary(ies) will only receive benefits if all named primary beneficiaries predecease the Insured Person. If the benefit is to be paid to more than one contingent beneficiary, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each contingent beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all contingent beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share

Insured Person's Signature

Date Signed



**PROVIDENT**

Please return this form to your organization's secretary where it should be maintained with your emergency service organization's records.

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