



Fire & EMS

111 White Horse Rd
Gap PA 17527
(717) 768-3454

Since 1914

Thank you for your interest in becoming a member of the White Horse Fire Company.

1. Please send the Pennsylvania Child Abuse History form to the highlighted address ASAP. Once you receive the clearance certificate bring a copy for the Secretary.
2. Please fill out the application and return it to the Secretary.
3. Under the age of 18 you will be considered a junior fire fighter. In order to become a member under the age of 18 you need to obtain a work permit from Pequea Valley High School. In addition to the above documents you also need to return the following to the Secretary: Your work permit, and the last sheet on the Junior Fire Fighter Operating Guidelines and application, (Signed by your parent or guardian).
4. Once this information is received we will complete a PA State Police background check.

Any questions feel free to contact the Fire Division Secretary at 717-381-0618. If possible these documents should be returned before meeting night. These copies will remain confidential except to be reviewed by the President, Fire Chief, Secretary, & membership officer. If both the background check & clearance form is clear you will be voted in at the next meeting if accepted by a majority vote. Once accepted you will be on probation for 3 months before you can respond to any calls. In those 90 days you should (if possible) attend all Fire Co. meetings, training, and practice. After 3 business meetings and you have completed the required criteria you are then considered a member of the Fire Co. You will need to pay a \$2.00 membership fee and obtain a membership card from the secretary after the meeting. Then you can respond to calls unless otherwise notified. White Horse Fire Company reserves the right to dismiss any application if it is determined that membership is not in the best interests of the organization.

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wwwwhitehorsefire.org
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Membership Application

Name: _____
(First) (Last) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____
(Home Number) (Cell Number- Optional)

Date of Birth: ____ - ____ - ____

Driver's License Number: _____
(If you do not have a Driver's License, write N/A.)

Emergency Contact Person: _____
(First Name) (Last Name)

Emergency Contact Address: _____

Emergency Contact Phone Number: _____
(Please include cell phone number if possible.)

Your relation to contact person: _____

Why did you decide to join the fire company: (Live nearby, Relatives are members, Saw notice in flyer, etc.?) (optional) _____

List relatives and/or acquaintances who are members of this company: (optional) _____

EMPLOYMENT INFORMATION

Employment Name: _____

Employment Address: _____

City: _____ State: _____ Zip Code: _____

Employment Telephone Number: _____

Job Description: _____

Have you ever been a member of another emergency organization, if yes give name

Reason for leaving _____

Give name of chief and president as reference include phone # if you know it:

President _____ Chief _____

Please list any training classes and dates; we will need a copy of your certificates.

Are there any physical disabilities that could interfere with your work in the fire company?

OATH:

I understand that I must obey all rules set forth by this organizations constitution and bylaws. I also understand that at any time I can be dismissed from this group for infractions of these rules.

I agree that the information that I have provided above, is true to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Parent or Guardian (if under 18) _____

Membership Officer _____ Date _____