

Silver Spring Community Fire Company



6471 Carlisle Pike Mechanicsburg, PA 17055
Phone (717) 766-6096 - Fax (717) 766-8030



Name: _____ Phone: (717) _____
Last First Middle

Street Address: _____

City: _____ State _____ Zip Code _____

Social Security # _____ Birth Date: _____ Sex: _____ Age _____

Driver License # _____ Occupation: _____

Place Of Employment
Company Name Address City State Zip

Work Phone () _____ Supervisor's Name _____

Next of Kin _____ Relationship _____

Emergency Contact _____ Emergency Contact Phone # () _____

If Minor Working Papers Reviewed By: _____

Type of Membership Requested: **A Current PA State Police Criminal History Check must be submitted at time of application, before membership will be considered.**

[Click here for a link to their website](#)

() Active \$5.00 () Social \$2.00 () Junior \$1.00

If Active: () Firefighter () Fire Police

All Application Fees Are Nonrefundable.

Application Date: _____ Approval Date: _____

Probationary Period: _____ Card # _____

Other Emergency Service Memberships (Past/Present). Please Provide Name, Address, Phone and Contact Name.

Failure to list previous/other company associations constitutes fraud and will render you application fraudulent and void.

Previous Fire & Ems Training (Please attach copies of certifications)

Have you ever been convicted of a crime?

() Yes () No

If Yes: Give Details Below-Date and Nature of Violation

Are you now or have you ever been in the Armed Services?

() Yes () No

If Yes: When and What Branch?

"I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa. C.S. 3301ny similar offense under 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 staement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00" I hereby state that all information given in this application to be true and correct to the best of my knowledge.

Signature of Applicant

Fire Company Witness Signature

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AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish to the Silver Spring Community Fire Company all information which you may have concerning:

Name _____

Address _____

City _____ State _____ Zip _____

With respect to any document or information in possession of any school or governmental official or any law enforcement agency. I am aware that Local Criminal History checks will be performed. This information is requested in support of my application for membership with the Silver Spring Community Fire Company and will be publicly discussed at a company meeting. Therefore, in consideration for information or documents furnished I hereby release and waive any rights that I may have or had against any person releasing such information or documents. A copy of this authorization shall be considered as effective and valid as the original.

Membership Applicant Signature

Date - (Month, Day, Year)

Witness

**JOINDER BY PARENTS OF PERSONS EIGHTEEN
(18) YEARS OF AGE AND YOUNGER**

We, the undersigned Parents, join in the request for the release of the above information and do also release and waive any rights that we may have or had against any person releasing such information concerning our child.

Witness

Signature of Father

Signature of Mother



