



***MEMBERSHIP APPLICATION***  
***FOR THE***  
***WEST READING FIRE COMPANY #1***

- Complete and return all pages of the application
- Electronically complete the PA Child Abuse Clearance check at <http://www.compass.state.pa.us/CWIS>. This is ***REQUIRED*** for your application for senior membership to be considered by the company.
- If you have any questions please contact Fire Chief Mark Burkholder at 610-568-1061 or by email at [mburkholder@westreadingborough.org](mailto:mburkholder@westreadingborough.org)



**WEST READING FIRE DEPARTMENT**

***Application for Senior Membership***

(Please attach \$10.00 non-refundable fee for processing and first year's dues if accepted)

Referred by whom (current fire department member): \_\_\_\_\_

Date of application: \_\_\_\_\_

Last Name:

First Name:

Middle Initial:

\_\_\_\_\_

Present address: Street

City

State, Zip

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ email: \_\_\_\_\_

Are you a U.S. Citizen? Yes or No

Ever Convicted of a Crime? Yes or No

If "yes" please give details: \_\_\_\_\_

\_\_\_\_\_

(Do not include minor traffic violations. Conviction of a crime does not automatically disqualify you from membership)

**FIREFIGHTING ASSOCIATIONS:**

Please list current or past memberships in other fire companies or ambulance associations: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a membership in another fire company suspended or revoked? \_\_\_\_\_

\_\_\_\_\_

If so, which company/companies? \_\_\_\_\_

Why do you want to become a member of the West Reading Fire Company? \_\_\_\_\_

If your membership is approved, you plan on becoming:

\_\_\_\_\_ ACTIVE (Firefighting, training, fund raising)

\_\_\_\_\_ FIRE POLICE

\_\_\_\_\_ SEMI ACTIVE (Mainly fund raising)

\_\_\_\_\_ INACTIVE (Card-carrying member only)

**EDUCATION:**

High School: \_\_\_\_\_ Graduated? Yes or No

College or Trade School: \_\_\_\_\_ Graduated? Yes or No

Please circle any fire related training you have:

***Firefighting Training:***

*Essentials Module 1*

*SCBA*

*Pump Operations*

*Firefighter 1*

*Firefighter 2*

*CPR*

*Haz Mat Awareness*

*EMT*

*EMT-P*

*Fire Officer 1*

*Fire Officer 2*

*Basic Vehicle Rescue*

***Fire Police Training:***

*Basic Fire Police*

*Advanced Fire Police*

*Other*

Please list any others: \_\_\_\_\_

**REFERENCES:**

List below three people (not related to you) whom we may contact for references:

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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**EMPLOYMENT INFORMATION:**

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

Employer's address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Position held: \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION- PLEASE READ CAREFULLY AND SIGN BELOW:**

I, the undersigned, have made application to the West Reading Fire Company #1 for membership. By signing below I give formal consent and authorization to the West Reading Fire Company #1 to investigate all statements I have made within this application, including but not limited to my criminal history, prior firefighting affiliations, personal references, and any other information which the West Reading Fire Company #1 may deem necessary or relevant to my application. By signing below, I affirm that all statements made within this application are true and correct to the best of my knowledge.

**Signature of applicant:** \_\_\_\_\_

**Print name of applicant:** \_\_\_\_\_

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

***DO NOT WRITE BELOW THIS LINE***

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**Remarks of the investigating committee:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We, the investigating committee, have investigated the above applicant and DO recommend him/her for membership:**

\_\_\_\_\_