5 N. Brandywine Avenue

Coatesville PA 19320

610-384-3106

[www.modena37.coM](http://www.modena37.coM)

Thank you for your interest in joining the Modena Fire Company.

We are a volunteer fire company, running both fire and EMS apparatus. We welcome all who are interested in membership. Membership can be obtained at 16 years of age, as a Junior Member.

For those both experienced and new to fire service, there are many options for members to choose. We are seeking members of every training level and will provide training for those interested. For those interested in participating as Active Members, we have the opportunity for new members to participate as Firefighters, First Responders, EMT’s, and Fire Police. We also have the option of a Social Membership, assisting the company with fundraising or social events.

Please find attached an application for membership. This application includes required contact information, 2 emergency contacts and any applicable training. There is also a Background Check that must be completed by Modena Fire Company, prior to membership. There is an application fee of $20 and a yearly membership fee of $10, to remain in good standing as a member.

Once the application is filled out and returned to the station, the background check will be completed. Then, the application will be read in at the next scheduled monthly meeting. At the following meeting, the potential member will be voted on by the company. It is required that the potential member attends this meeting and will be given ample notice of the date. Should the potential member not be able to attend, provisions can be made.

Again, thank you for your interest in the Modena Fire Company. We look forward to serving with you.

Sincerely,

**Lynnann Shilling**

**Membership Secretary**

[**lshilling@modena37.com**](mailto:lshilling@modena37.com)

**DATE APPLICATION APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MEMBERSHIP APPLICATION

**(PLEASE PRINT CLEARLY)**

NAME

MODENA FIRE COMPANY BACKGROUND CHECK RELEASE

I, the undersigned, authorizes the Modena Fire Company to conduct a search with the appropriate government agencies to ascertain if I have ever been arrested or convicted of any crimes, which would disqualify me from membership with the Modena Fire Company.

I further authorize any police department, government agency, bureau or department to supply the Modena Fire Company with any information which may concern any police or criminal record I may have.

**PLEASE BE ADVISED THIS IS AN AUTHORIZATION TO OBTAIN WHAT MIGHT BE CONFIDENTIAL INFORMATION. PLEASE READ ENTIRE APPLICATION BEFORE SIGNING.**

The facts set forth in this application are true and complete. I understand that false information shall be sufficient for rejection or termination of my application or membership. If you are under 18 years of age, parent or legal guardian must sign the application.

APPLICANT SIGNATURE:

DATE:

PARENT/LEGAL GUARDIAN SIGNATURE, IF MINOR:

MEMBERSHIP APPLICATION

**APPLICATION FEE: $20.00**

**\*APPLICATION WILL NOT BE ACCEPTED WITHOUT FEE OR SIGNATURE**

**\*WORKING PAPERS MUST BE ATTACHED IF UNDER 18 YEARS OF AGE**

OFFICER RECEIVING APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FEE RECEIVED BY: (CIRCLE) CASH OR CHECK

**MEMBERSHIP SECRETARY CHECKLIST**

NAME OF CANDIDATE:

DATE MEMBERSHIP READ IN:

DATE OF 1ST VOTE:

DATE OF 2ND VOTE:

DATE OF 3RD VOTE:

MEMBERSHIP APPLICATION

**(PLEASE PRINT CLEARLY)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECERITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_

VEHICLE INFO: YEAR: \_\_\_\_\_\_\_\_\_\_ MAKE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION** NAME: YEARS ATTENDED: DEGREE:

HIGH SCHOOL:

COLLEGE:

TRADE:

EMPLOYMENT

EMPLOYER:

ADDRESS:

OCCUPATION:

WORK PHONE:

MODENA FIRE COMPANY APPLICATION

PREVIOUS FIRE OR EMS ORGANIZATIONS JOINED:

PREVIOUSFIRE & EMS TRAINING (TYPE, HOURS, AND DATE, INCLUDE COPIES OF ALL CERTIFICATIONS)

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE DESCRIBE IN DETAIL BELOW:

1. DO YOU HAVE ANY PHYSCIAL DEFECTS? YES NO
2. HAVE YOU EVER BEEN CONVICTED OF A CRIME YES NO
3. ARE YOU ADDICTED TO ALCOHOL OR DRUGS? YES NO
4. DO YOU USE PRESCRIPTION MEDICATION YES NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MODENA FIRE COMPANY APPLICATION

1ST EMERGENCY CONTACT INFO

NAME:

ADDRESS:

HOME/WORK:

CELL:

RELATIONSHIP:

2ND EMERGENCY CONTACT INFO

NAME:

ADDRESS:

HOME/WORK:

CELL:

RELATIONSHIP: