

Lancaster County Haz Mat 2-9

Environmental Fire Rescue

PO Box 263

Landisville, PA 17538-0263

APPLICATION FOR ASSOCIATE MEMBERSHIP

DATE: _____

Name: _____
Last First Middle

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ SS#: _____

Are you 18 years of age or older? _____ Email Address _____

Driver's License Information:

State: _____ Operator's Number: _____ Class: _____

Have you ever been convicted of a traffic offense? Yes No

If yes, give violation and date: _____

Medical:

Family Doctor: _____ Phone: _____

Allergies: _____

Emergency Contact Person:

Name: _____

Phone Number: _____

Relationship: _____

Have you had or do you have medical problems with any of the following:

- | | | | | |
|--|----------------------|---------------------|-----------------|---------------------|
| Lungs | Heart | High Blood Pressure | Asthma | Epilepsy |
| Back | TB | Diabetes | Arthritis | Stomach |
| Gout | Fainting | Mental Illness | Cancer | Eye Sight |
| Strokes | Hemophilia | Rheumatism | Color Blindness | Skin Diseases |
| Vertigo | Ulcer | Blood Diseases | Nose | Dizziness |
| Throat | Kidneys | Glands or Ears | Liver | Rectum |
| Tumor | Disease of the Bones | | Varicose Veins | Pain in Feet / Legs |
| Disease of Brain or Central Nervous System | | | | |

If any of the above is checked, give a brief statement of what, when, treatment & who treated you:

Have you ever been turned down for life insurance? Yes No

If yes, give a brief statement explaining why:

Employer Information:

Name: _____ Address: _____

Position: _____ Shift: _____

Supervisor: _____ Phone: _____

Training

Have you ever belonged or do you belong to another Fire Co or Ambulance Assoc Yes__ No__

Name of Company	Phone#	Date of Leaving
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List any special training you received in fire fighting, chemistry, Hazardous Materials, safety, medical, communications, computer, driving, police, etc:

Have you ever been refused membership to any Fire Company or EMS association? Yes No

If yes, please give a brief statement explaining why:

References: (Give the names of THREE persons NOT related to you, whom you have known at least 1 year)

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Yrs. Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever been convicted of violating any criminal laws (other than traffic) Yes No

If yes, list offense, where, and final disposition of the offense:

By signing this document, I am swearing or affirming that the information above is true and correct to the best of my knowledge. I understand that any falsification or deception of any kind of the above information may be grounds for my membership not being approved or dismissal from the team.

Signature: _____ Date: _____

HAZ MAT 2-9

Release Form

By Signing this page, I am giving permission to members of HazMat 2-9 or any of its agents to look into my background. I give permission for release of any medical records, criminal records, and driver's license records to HazMat 2-9 or its agents. I give permission to HazMat 2-9 or its agents to contact my employer, references and other fire companies or EMS associations that I once belonged to or currently belong to, for the purpose of looking into my background.

Print Name _____

Signature: _____

Date: _____