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**Lower Paxton Township Bureau of Fire**

**Volunteer Application & Initial Personnel Record**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

Applicant’s Full Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

During my application for membership in the Colonial Park Fire Company, Paxtonia Fire Company, and/or Linglestown Fire Company, the officers and members of the company may desire to make certain inquires about my background, character, and experience. It is in my interest to permit such investigations to take place by the officers, and therefore, in consideration of my desire to have all material considered, I hereby authorize the Colonial Park Fire Company, Paxtonia Fire Company, and/or Linglestown Fire Company its members and officers, and the Lower Paxton Township Bureau of Police, to make such inquiries as they deem appropriate. This includes, but is not limited to, any individual or group, institution, current or former employer, or emergency service agency. It is understood that I shall make no claim against the persons furnishing information and shall make no claim against any of the aforementioned sources of information, including the Colonial Park Fire Company, Paxtonia Fire Company, Linglestown Fire Company and/or the Lower Paxton Township Bureau of Police, for providing or reasonably using any or all information. Also, to the best of my knowledge, all statements, and answers I have given are true, correct, and accurate. I further understand that any misrepresentation or omission of facts may nullify this application and/or subsequent membership based on its contents.

I solemnly swear that all information given in this application for membership to Colonial Park Fire Company, Paxtonia Fire Company, and/or Linglestown Fire Company is accurate to the best of my knowledge. I also understand that if it is proven that I intentionally falsified the information provided, I may be rejected for membership without a chance for reapplication. If proof of falsification occurs after being accepted into membership, I also understand that the falsification may be grounds for my expulsion from the Colonial Park Fire Company, Paxtonia Fire Company, and/or Linglestown Fire Company. Finally, I swear to uphold all fire company by-laws and standard operating procedures and treat fire company property with the greatest care.

By dating and signing this application, I attest and swear to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa. C.S 3301 or any similar offense under any 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 statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least $1,000.00”

**Signature of Applicant: Date:**