



Cocalico Area Fire Department

Station 17

East Cocalico Township

Lancaster County, Pennsylvania

Membership Application

Personal Information

Full Name: _____

Address: _____

P.O. Box _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: (optional) _____

Current Employment *(if a student, list the school you're currently attending)*

Company/School Name: _____

Address: _____

Supervisor Name and Number *(if applicable)*

Name: _____ Phone Number: _____

Note: Any applicant under the age of 18 will be required to submit a work permit from their school along with the application.

References *(List 3 personal references not related to you)*

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Emergency Contact Person

Name: _____ Phone Number: _____

Relationship: _____



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Volunteer Roles *(select all that you are interested in)*

- | | | | |
|--------------------------------------|---|---|---|
| ☐ Firefighter | ☐ Fire Police | ☐ EMS | ☐ Apparatus Driver |
| ☐ Fundraising | ☐ Administrative | ☐ Building and Grounds Maintenance | |

Note: Restrictions may apply to certain positions

Additional Info

How did you find out about the Cocalico Area Fire Department?

Were you referred to the Cocalico Area Fire Department? If so, who referred you?

List any previous Emergency Services Affiliation/Experience:

List any relevant Training and Certificates you have:

List any medical conditions that may hinder your abilities to perform the functions of your desired role with the Cocalico Area Fire Department:

Any additional comments:



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Release and Waiver

As an applicant of the Cocalico Area Fire Department, No. 1 I understand that I am required to furnish personal information to aid in determining my qualifications and eligibility to become a member of the Cocalico Area Fire Department No. 1. I hereby authorize you, the Cocalico Area Fire Department No. 1, to receive any and all information and records including, but not limited to, employment, medical, and criminal; as requested by a representative of the Cocalico Area Fire Department No. 1, for the sole purpose of determining my qualifications and eligibility for becoming a member of the Cocalico Area Fire Department No. 1. I hereby release the Cocalico Area Fire Department No. 1 and any of its respective members from any and all liability for damages of any kind which may occur as the result of the aforementioned actions.

Endorsement

By signing this application, I am confirming that all information given is true and correct to the best of my ability and I agree to and authorize the above release and waiver.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature *(if applicant is under 18 years of age)*

Signature: _____ Date: _____

Print Name: _____

Note: The application must have all required signatures to be processed

Any questions regarding this application or the membership process of the Cocalico Area Fire Department should be directed to the membership committee via email at

Membership@CAFD17.com

Items to include with the completed Application

- ☐ A non-refundable fee of \$5 (payable by cash or money order)
- ☐ PA State Police Background Check (PATCH) completed within one (1) year of application date
- ☐ PA Child Abuse Clearance Certification completed within one (1) year of application date