



## **NORCO FIRE COMPANY**

144 W. Schuylkill Rd. Pottstown, PA 19465

Phone: 610-323-3263 Fax: 610-327-0714 email: [www.norcofireco.org](http://www.norcofireco.org)

*STATION - 08*

*" We are Proud to Serve Our Community "*

**THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER WITH NORCO FIRE COMPANY. ATTACHED YOU WILL FIND YOUR APPLICATION FOR MEMBERSHIP. BELOW YOU WILL FIND A LIST OF REQUIRED ITEMS TO BE SUBMITTED WITH YOUR APPLICATION. IF YOU FAIL TO SUBMIT ANY REQUIRED ITEMS, YOUR APPLICATION WILL NOT BE ACCEPTED.**

### **REQUIRED ITEMS:**

1. MEMBERSHIP FEE OF \$20.00 (FEE WILL BE RETURNED IF APPLICATION IS NOT ACCEPTED)
2. COPY OF DRIVER'S LICENSE OR PHOTO ID (NOT REQUIRED FOR APPLICANTS UNDER 18)
3. A RECENT PENNSYLVANIA STATE POLICE CRIMINAL HISTORY CHECK
4. A RECENT CHILD ABUSE CLEARANCE CHECK
5. IF APPLYING FOR FIRE POLICE OR ACTIVE FIREFIGHTER MEMBERSHIP, A CURRENT DRIVING RECORD MUST BE ATTACHED
6. APPLICANTS BETWEEN THE AGES OF 16-18 SHALL OBTAIN WORKING PAPERS BEFORE APPLICATION WILL BE CONSIDERED

CRIMINAL HISTORY CHECKS AND CHILD ABUSE CLEARANCE CHECKS CAN BE OBTAINED FROM [PSP.PA.GOV](http://PSP.PA.GOV)

\*Under PSP Services at the bottom of the page, click on Request A Criminal History Record. From this page you can obtain both your CRIMINAL HISTORY and CHILD ABUSE CLEARANCE.

\*It should be noted that the conviction of any felonies or other serious offenses can be considered grounds for denial of the application

**APPLICATION FOR MEMBERSHIP-NORCO FIRE COMPANY**

DATE: \_\_\_\_\_

1. DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_
2. NAME: \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_
4. PHONE NUMBER: \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_
6. LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_
  
7. OCCUPATION: \_\_\_\_\_
8. EMPLOYER: \_\_\_\_\_
9. EMPLOYER PHONE NUMBER: \_\_\_\_\_

10. APPLYING FOR (CIRCLE ALL THAT APPLY):

- ACTIVE FIREFIGHTER? YES or NO
- SOCIAL MEMBER? YES or NO
- ACTIVE FIRE POLICE? YES or NO

11. DO YOU HAVE ANY PREVIOUS FIRE/RESCUE/AMBULANCE TRAINING? YES or NO  
(On a separate sheet of paper, please list all training)

12. DO YOU HAVE ANY MEDICAL OR PHYSICAL CONDITIONS WHICH WOULD AFFECT YOUR PERFORMANCE AS A FIREFIGHTER? YES or NO (On a separate sheet of paper, please explain)

13. LIST THREE (3) PERSONAL REFERENCES OR OTHER ORGANIZATIONS WHERE YOU HAVE MEMBERSHIP  
(NAME AND PHONE NUMBER)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

14. IF UNDER 18 YEARS OLD, LIST SCHOOL YOU ARE ATTENDING: \_\_\_\_\_

15. HAVE YOU RECEIVED A HEPATITS B VACCINATION? YES or NO

16. HAVE YOU EVER BEEN CHARGED WITH A CRIME? YES or NO (On a separate piece of paper, explain)

17. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES or NO (On a separate piece of paper, explain)

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE INFORMATION IS GROUNDS FOR REJECTION OF APPLICATION OR DISMISSAL FROM THE COMPANY

I HEREBY TENDER MY NAME AS AN APPLICANT FOR MEMBERSHIP TO THE NORCO FIRE COMPANY, NORTH COVENTRY TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA.

I AGREE, IF ACCEPTED AS A MEMBER, TO ABIDE BY THE RULES AND BYLAWS OF THE COMPANY

BY SIGNING THIS APPLICATION, I GIVE MY PERMISSION TO BE INVESTIGATED BY THE INVESTIGATING COMMITTEE THROUGH THE STATE AND/OR LOCAL POLICE DEPARTMENT AND ANY OTHER ORGANIZATIONS LISTED ABOVE.

APPLICANT SIGNATURE: \_\_\_\_\_

*IF APPLICANT IS UNDER 18 YEARS OLD, PARENT/GUARDIAN SIGNATURE IS REQUIRED:*

I, \_\_\_\_\_, DO HEREBY ALLOW MY CHILD TO APPLY FOR MEMBERSHIP TO THE NORCO FIRE COMPANY.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

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OFFICE USE ONLY

DATE RECEIVED:

RECEIVED BY: