



Dear Applicant,

Thank you for your interest in Goodwill Fire Company #1 of York Township.

Located in the village of Spry, the Goodwill Fire Company was chartered in 1913 and has evolved into a leading volunteer fire fighting organization serving York County Pennsylvania.

Y.T.F.D. is a fast paced fire department with around 1,000 responses annually. We pride ourselves with rapid response times, 24/7/365 staffing, aggressive interior firefighting and incident mitigation. We serve an area that comprises of suburban housing, industrial complexes, highway and rural areas.

The Current fleet is comprised of 1 Pierce Attack Engine, 1 Seagrave Aerial scope Tower Ladder and 1 KME Heavy Rescue. We also have a support fleet of 1 Traffic unit, 1 utility pickup truck and 1 command SUV.

At Station 19, we have semi-private bunkrooms with a Live-In Program, on site Gym, full kitchen, dining room and two lounge areas as well as company provided turnout gear and training.

Please note, that if your criminal back ground arrives with any discrepancies you will be questioned with a possibility of denial.

There is a one-time, non-refundable application processing fee of \$25.00 and annual membership dues are \$5.00 for a total of \$30 due when the application is submitted.

If you are interested in joining and are looking for a new beginning fill out the following application and return it to Station 19, where the bay doors are always open.

Sincerely,

Membership Committee

York Township Fire Department Station 19

Basic Information

Please print legibly

Last Name: _____ First Name: _____
Middle Name or Initial: _____ Date of Birth: _____

I am applying for: Fire Fighter Social Member Junior firefighter

Gender (check one): Male Female

Current Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Length of Time at this Address: _____

If you have lived at the above address less than three years, please provide all addresses at which you have lived during that time. If more than two addresses, please attach additional pages.

Previous Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Length of Time at this Address: _____

Phone: Cell: _____ Work: _____ Home: _____
E-Mail: _____
Social Security Number: _____

Have you ever been convicted of a criminal act, or do you have charges pending against you?

(Check one) Yes No

If yes, please explain:

Please check here if you do **NOT** have a driver's license:

Driver's License #: _____ Class: _____ State: _____

Has your license ever been suspended? (Check one) Yes No

If yes, explain below:

Education

Education	Name of School	Years Attended	Date Graduated	Subject of Study
High School				NIA
College				
Trade/ Business/ Grad School				

What foreign languages do you speak/read/write?

Military Service: _____

Dates of
Service: _____

Rank: _____

Are you currently a member of the National Guard? Yes No

Have you ever applied for membership with YTFD before? Yes No

If yes, when? _____ Reason for Leaving: _____

Have you ever been a member of another fire/rescue/ambulance department? Yes No

Name of Organization: _____

Member from: _____ Until: _____

Address: _____

Phone#: _____

Previous Company Commander: _____

NOTE: *If you have been, or are currently a member, of more than one other department, please list the above information for them on a separate page.*

Do you have a current CPR/AED Card?

Yes No

Do you hold a valid First Aid card?

Yes No

Are you currently certified as: EMT-B DIV Tech CRT-I EMT-P None

If you are an instructor in any of the above, please indicate:

List all other training courses in emergency services that you have completed:

List involvement in any volunteer or service organizations other than emergency services:

Employment History

Dates: (mm/vyyv)	Name, Address & Phone # of Employer	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			

References:

Please give the names of three persons not related to you whom you have known at
Least one year.

Name	Email Address	Cell Phone	How do they know you?	Years Known

Please read the following statement carefully before signing.

I hereby authorize the York Township Fire Department to investigate all statements contained in this application. To the best of my knowledge, all statements and answers that I have given are true, accurate, and correct. I understand that the misrepresentation or omission of facts will result in the nullification of this application or subsequent membership based upon its content.

Signature: _____

Date: _____

Emergency Contacts

Please indicate persons you would like notified in case of an emergency:

First Choice:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Second Choice:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Designation of Beneficiary

I _____, am a member of the York Township Fire Department and I am aware that as a member of the Company, there are insurance policies and other programs - either by law or by other sources - which, in the event of injury to me or my death, may pay benefits to me or to certain beneficiaries. I hereby designate the following, in the order listed, as such:

First Choice:

Name(s): _____

In the event that/those person/persons is/are not alive, then:

Second Choice:

Name(s): _____

If there is no living beneficiary:

Third Choice: To my estate.

This application is completed and signed in York, Pennsylvania on this _____ Day 20_____

Signature of Applicant: _____

Signature of Witness: _____

