



# Indiana Fire Association Application Packet

This packet must be filled in its entirety, unless otherwise noted, for a candidate to be considered for membership. Once finished, please return completed packet to one of our stations. For privacy purposes please enclose your application and certifications, if any, in an opaque envelope. Address this envelope to the Indiana Fire Association care of membership committee.

Thank you for your interest in joining the Indiana Fire Association. This application is the first step towards one of the most personally rewarding professions on earth. The Indiana Fire Association is one of the oldest fire departments in the state of Pennsylvania with a long tradition stemming over 130 years of helping the Indiana area and surrounding communities.

The Indiana Fire Association is an equal opportunity organization.

Applications can be dropped off or mailed to the following locations:

IFA Central Station  
80 N. 8<sup>th</sup> St Suite 106  
Indiana, Pa 15701

IFA West Station  
1555 Indian Springs Rd  
Indiana, Pa 15701

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Clearly



I want to personally thank you for taking the time and effort into submitting this application. Becoming a volunteer firefighter is a one of the greatest ways to help your community and carries some of the highest levels of public trust. That being said we are looking for individuals who are motivated and willing to help the community through their service with the IFA.

I'd like to take this opportunity to explain the application process. The application process takes 1 month to complete from the time it is received to the time of acceptance. There are five parts to the application process.

- Submission of Application Packet
- Reading of application at the meeting
- Criminal and Personal Background Check
- Interview
- Acceptance or Dismissal of proposed candidate

Finally I'd like to list some benefits of being a member with the Indiana Fire Association.

- Free Gear and Training
- Length of Service Award Program
- 100% coverage if injured in line of duty
- Life Insurance
- Up to \$250 for an annual physical
- Private gym facilities
- Some of the strongest bonds you will make in your life.

Once again thank you and we look forward to seeing you soon.

Sincerely,  
David R. Smith - Co-Chair  
Membership Committee

# Indiana Fire Association

80 N. 8th St.  
Suite 106  
Indiana, PA 15701  
(724) 465-2400

1555 Indiana Springs Rd.  
Indiana, PA 15701  
(724) 465-2024

## APPLICATION FOR MEMBERSHIP AND WAIVER

I, the undersigned, do hereby voluntarily apply for membership in the Indiana Fire Association and Relief Association of Indiana County, Inc. as a probationary member. I certify that I am a citizen of the United States, in good health and that I have no criminal record. I understand that I am completing an application to join this fire association to take active part in the fire/rescue protection of the Borough of Indiana, Township of White and surrounding communities and that I will be willing to work at any duties given to me by the officers of the association.

I also understand that I must abide by the Standard Operating Guidelines, Rules & Regulations, and the Constitution, By-Laws of the Indiana Fire Association and the Indiana Fireman Relief Association. I also understand that I must attend every regular and special meeting and/or practice, answer every general fire alarm and company alarm, as long as I am able and circumstances will permit. I also am aware that if, my application is accepted as a probationary member I will be on probation for 1 year prior to being accepted as a trained and qualified member. I will return to the Association all equipment issued to me, upon voluntary or involuntary termination of my membership.

I am also aware and understand that I may be required to take a physical examination, including drug testing, before final consideration is given to my application. I understand that a Hepatitis B vaccine may also be part of that physical examination. I also hereby release the officers and the members of this fire association from all responsibility for the actions of others involved in this testing.

### APPLICANT INFORMATION:

Application for Membership: \_\_\_\_\_ Regular \_\_\_\_\_ Part Time (Student)

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                    First                    Middle                    Last                    Suffix

Work Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Home Address (If Different): \_\_\_\_\_

Previous Address & Dates: \_\_\_\_\_  
(If Under Five Years)

How long have you been an Indiana resident? \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

What made you become interested in joining the Indiana Fire Assoc? \_\_\_\_\_

### DRIVER / VEHICLE INFORMATION:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy # : \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Medical Restrictions: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

Company Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Explain your duties: \_\_\_\_\_

Are you permitted to attend fires during working hours? \_\_\_\_\_

Does your occupation require you to be out of town during working hours? \_\_\_\_\_

If yes, please give the times of the day: \_\_\_\_\_ and the number of days during the week: \_\_\_\_\_

If Student, Year in College & Major: \_\_\_\_\_

**\*\*Note:** If Student, Please provide a copy of your current GPA along with this application, as the Indiana Fire Association requires that the part time members maintain a GPA of 2.0 as a minimum. During your membership, you may be asked to show proof as to your GPA to maintain membership.

Were you ever an active member of an emergency organization before? \_\_\_\_\_

If so, Please provide the following so we can make contact with the organization:

Name of Organization	City	Length of Service	Contact Person	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*Note:** To be considered for membership if, you did/do belong to another emergency organization a letter of recommendation from you prior/present chief and copies of all training acquired should accompany this application.

Do you have any physical defects to keep you from performing the duties of a firefighter: \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Please provide three (3) personal references that we may contact:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the statements made in the foregoing application are true and correct. I understand that false statements which are made herein are subject to penalties of PA C.S. 4909 relating to unsworn falsification to authorities.

**WAIVER**

The undersigned recognizes that this application for membership is subject to a police background investigation and NCIC check to be conducted by the Pennsylvania State Police and possibly other law enforcement agencies. I waive any civil cause of action that I may have as a result of said investigation against the Indiana Fire Association and the Indiana Fireman's Relief Association of Indiana County, Inc., the Pennsylvania State Police, the Indiana Boro Police Department, the Borough of Indiana, and the Township of White, or against any officers, individually or collectively, of the above-referred organizations or political subdivisions as consequence of the background investigation. Specifically, the applicant waives any consideration against the Indiana Fire Association and the Indiana Fireman's Relief Association of Indiana County, Inc.,

I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pennsylvania 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.

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

**Do not fill in anything below this line, for fire company use only:**

Sponsors: (Must be an Active or Life Member)

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant belonged to a former fire department, were they contacted? YES NO  
Who did you talk to, and what type of reference was given by the former fire department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the applicant interviewed and investigated by the Membership Committee? YES NO

Does the Membership Committee approve the applicant for membership to the Indiana Fire Association as a probationary member? YES NO

If no explain reason why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATES:**

Application was received by the association: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application was read to the association: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership interviewed the applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_

Members present during the interview:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks from interview: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Membership contacted former fire department: \_\_\_\_/\_\_\_\_/\_\_\_\_

Association voted for membership: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Vote: Accepted Rejected

Applicant notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initiated as a probationary member: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gear/Locker/Key/Pager/Rules & Regulations/By-Laws Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gear number: \_\_\_\_\_ Company Assignment: \_\_\_\_\_