

Indiana Fire Association



Membership Application

100% Volunteer - Established 1878

Please make sure this membership application is filled out completely.

Those applications submitted that are found to be incomplete or have false information will be dismissed from consideration for membership. Please use the check list below to ensure the completeness of the application and its attachments prior to submission.

Application is filled out completely

Photocopy of Valid Driver's License

If applicable, copies of any and all Fire / EMS certificates the candidate has obtained during his / her prior service.

Candidate Name: _____

Applicant Type: Jr Member College Student Regular

At a minimum, please complete all shaded areas or your application will be considered incomplete!

Indiana Fire Association Use Only: IFA Sponsor #1: _____ Sponsor #2: _____

FF Receiving Candidate Application: _____

Date Received: _____ Application Number: _____



Indiana Fire Association

Application for Volunteer Firefighters

501 Philadelphia St, Indiana PA 15701 724-465-2400

The Indiana Fire Association is an Equal Opportunity Organization. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age. Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. All information requested on this application form is solicited for the purpose of determining abilities and skills required to carry out the duties and functions of a firefighter and to facilitate verification of the information requested.

Last Name		First Name		Middle Name	
Complete Current Address				How long at this address <small>(list additional former home addresses below to complete a 10-year history)</small>	
Primary Phone		Date of Birth		Email Address	
Alternate Home Address			Social Security #	Driver's License #	State
Previous Home Address #2				Dates (Start Finish)	
Previous Home Address #3				Dates (Start Finish)	

Please answer all Questions	Yes	No
Are you at least 14 years old?		
Are you a US Citizen? <small>(If no, please stop. We are unable to accept your application)</small>		
Are you currently attending IUP or any other educational institution?		
Are you a current resident of the IFA service area?		
Do you have any previous firefighting or EMS experience?		
Do you have a valid Driver's License? <small>(Please submit a photocopy)</small>		
Do you consent to a criminal background check?		
Do you currently have any criminal charges pending/unresolved in any state?		
Have you been charged or convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? <small>Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. (If answered in the affirmative, additional documentation must be included with this application. This information could preclude you from becoming a member.)</small>		
Are you available to respond to calls during the	Daylight	
	Evenings	
	Weekends	
Are you available to attend training on Thursday evenings?		
May we contact your current employer?		
If yes, name/number of contacts at your workplace	Name:	
	Phone:	

EDUCATION						
Last High School Attended		Highest grade completed			Do you have a high school diploma or GED Certificate?	
Name	Location	10	11	12	Yes	No
Colleges, universities, trade schools, technical schools or apprenticeship programs:						
Name	Location	Number of Years		Degree, Credits, Certificates		

FIRE OR EMS EXPERIENCE				<input type="checkbox"/> None	
<i>Training Certificates are Required and must be attached for those applying for college membership</i>					
Department	Location	Dates Served		Rank Held	
		From	To		
Certifications and Specialized Training (Attached Copies Required)					
Department	Location	Dates Served		Rank Held	
		From	To		
Certifications and Specialized Training					
Chief or President to be contacted			Phone number of dept contact		

OTHER QUALIFICATIONS		<input type="checkbox"/> None	
Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.).		List any trade, professional or skills certificates you hold.	
Summarize special skills, abilities or experiences that may qualify you for this position.			
MILITARY		<input type="checkbox"/> None	
Branch of Service	Length of Service	Rank at Separation	
Reserve Requirements		Specialized Training	

EMPLOYMENT HISTORY			<input type="checkbox"/> None	
Employer	Job Title			
Address	Dates Employed			
	From		To	
Description of Duties	Supervisor's Name			
Reason for Leaving	Will this Supervisor give you a good reference?			
	Yes		No	

EMPLOYMENT HISTORY		
Employer	Job Title	
Address	Dates Employed	
	From	To
Description of Duties	Supervisor's Name	
Reason for Leaving	Will this Supervisor give you a good reference?	
	Yes	No

EMPLOYMENT HISTORY		
Employer	Job Title	
Address	Dates Employed	
	From	To
Description of Duties	Supervisor's Name	
Reason for Leaving	Will this Supervisor give you a good reference?	
	Yes	No

REFERENCES		
Please list three PROFESSIONAL references – Current or Past IFA Members can be used – Family or Former Employers are ineligible.		
Complete Name and Address	Phone Number	Relationship
1.		
2.		
3.		

Please attach a resume if available.

If you are currently a firefighter applying to the Indiana Fire Association for membership, please request and provide a letter of reference from the Fire Chief of your previous department and attach it to this application.

Initial	Certification, Authorization and Agreement
_____	<p>"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize the Indiana Fire Association to investigate the truth of this information and of any other information I may supply during a pre-membership interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information the Indiana Fire Association may solicit from it or them. I further authorize the Indiana Fire Association to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, the Indiana Fire Association will so advise me.</p>
_____	<p>"I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by the Indiana Fire Association.</p>
_____	<p>"I further understand that the IFA does not guarantee anyone membership for any specific length of time. I therefore agree that, if I am accepted, my membership may be terminated either by me or by the Indiana Fire Association at any time without notice or cause.</p>
_____	<p>"I further understand and agree that any offer of membership the IFA may make to me (and, if I am accepted, my continued membership) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and shall be contingent upon my taking and passing physical examinations, continued clean criminal record, and drug tests. I understand that any criminal charges and/or suspensions / revocations of my driving privileges (Loss of License) must be immediately reported to my supervisor and may, pending review, lead to my dismissal from the department.</p>
_____	<p>"I further understand that I will be required to undergo drug testing immediately and prior to being placed in an active service role with the IFA and that a failure of said test will lead to immediate dismissal from the department. I understand that failure of any subsequent drug tests that may be administered throughout my service with the IFA will also lead to an immediate dismissal from the department.</p>
_____	<p>"I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my membership in the IFA in any way.</p>
_____	<p>"I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."</p>

Applicant Signature _____

Date _____

Parent or Guardian Signature (if under 18) _____

Date _____

Indiana Fire Association

Membership Committee



Monthly Interview Dates

Interviews will typically be held the first Monday after the first Thursday of each month. Start time 7:00 PM

501 Philadelphia Street, Indiana PA 15701

**Questions can be emailed to:
membership@indianafire.com**

Firefighters typically encounter/perform the following:

- Drive firetrucks and other emergency vehicles (a CDL is required for IFA)
- Face unique occupational health risks due to the demands of their job
- Operate in harsh work environments (excessive heat, emotionally charged situations, dense smoke, extreme physical challenges, toxic chemicals)
- Put out fires using water hoses, fire extinguishers, and water cans
- Find and rescue victims in burning buildings or in other emergency situations
- Treat sick or injured people
- Extricate and rescue occupants in crashed vehicles, confined spaces and hazardous situations
- Carrying up to 75 pounds of PPE, depending on the job
- Breathe compressed air
- Prepare written reports on emergency incidents
- Clean and maintain equipment
- Conduct drills and physical fitness training, attend meetings and participate in functions & activities
- Represent a distinct subset of the general population

ARE YOU CAPABLE AND UP TO THE TASK?