



Alliance Fire and Rescue Services, Inc

201 W. Broadway Red Lion, PA 17356

Fire Chief: Scott Gingrich

717-244-8811

President: Richard Sterner

Please circle how you would like to contribute to Alliance Fire and Rescue Services?

Firefighter Fire Police EMS Social Member

Personal Information

Last Name: _____ First Name: _____

Middle Name: _____ Other Aliases/Names: _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone No.: (____) _____ Home Phone No.: (____) _____

Email Address: _____

Date of Birth: __/__/____ Social Security Number: _____

Driver's License Number: _____ State: _____

Driver's License Expiration Date: _____ Class: _____

*Leo Station
201 W Broadway
Red Lion PA 17356
717-244-8811*

Established 2020

*Union Station
63 Main St
Felton PA 17322
717-246-3892*

Current Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer Phone#: _____

Medical Information:

Please list all medical information that may be critical if needed in emergency situations.
(Allergies, medications, medical conditions, etc.)

Emergency Contact:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____

Experience:

Were you ever a member of another Fire or Ambulance Company? Yes _____ No _____

If yes, where? _____

May we contact them? Yes _____ No _____

Were you ever suspended or permanently removed as a member of a Fire or Ambulance Company? Yes _____ No _____

If yes, why? _____

PLEASE PROVIDE COPIES OF ALL TRAINING COURSES COMPLETED

References and Background:

Please list three references other than family and phone numbers:

Have you ever been convicted of a felony and/or misdemeanor? Yes _____ No _____

If yes, Please list the charge, date, County, and state:

Signature – Required

I understand that by signing this application, I authorize Alliance Fire and Rescue Services to make the necessary inquiries in regards to the references listed in my application. I do understand that such inquiries may include information to my character, public reputation, and personal characteristics. I acknowledge that the statements made on this application are true and complete. I understand that omissions, misrepresentations, concealment and false information will result in the company withdrawing or denying my volunteer employment with Alliance Fire and Rescue Services.

The Following Items must be completed by the person applying to AFRS – Pa Criminal background and child line clearance forms. The applicant must send the forms to the appropriate addresses with the necessary fees. When the applicant receives the results, an application with copies of the results may be turned into AFRS for review by the membership committee.

Applicants signature

Date

Membership Secretary Signature

Date

Internal use only:

Application accepted by committee member:

_____ Date: _____

Background completion date received: _____

Child line and abuse registry date received: _____

Investigation completion date: _____

Meeting date presented: _____

Meeting date accepted: _____

Rejection reason:

Probation start date: _____

Probation end date: _____

Called member to advise status: Yes _____ No _____

Handed member By-Laws and SOP's: Yes _____ No _____

Contacted references: Yes _____ No _____

Notes: