



# Fort Washington Fire Company No. 1

100% Volunteers Serving Upper Dublin Township, Montgomery County, PA since 1908



[www.fortwashingtonfc.org](http://www.fortwashingtonfc.org)

**Main Station (Station A)**  
1245 Fort Washington Avenue  
Fort Washington, PA 19034

215-646-2555  
215-283-9981 (Fax)

**Sub Station (Station B)**  
3315 Susquehanna Road  
Dresher, PA 19025

## Membership Applicant Process Description

**NOTE:** If you have any questions regarding this application package please contact us at [membership@fwfc.org](mailto:membership@fwfc.org)

### The Application Package

Your application package consists of the following items:

1. Membership Applicant Process Description
2. Firefighter and Fire Police Officer Training “Hot Sheet”
3. Membership Application (writeable PDF form)
4. Physician’s Statement (*Firefighter and Fire Police Officer Applicants Only*)
5. FWFC Background Screening Release Form (writeable PDF form)
6. Membership Applicant FAQs

### The Process

- 1. Application Submission** - Submit application and background screening release form to membership investigation committee. Although your completed “Physician’s Statement” form is not required when you submit your application it is strongly recommended that you get this completed quickly. Your interview (Step 6 below) will **NOT** be scheduled until your physician’s statement is received. The physician’s statement is only required for a firefighter or fire police officer applicant.
  - a. Submit scanned paperwork to [membership@fwfc.org](mailto:membership@fwfc.org) – **PREFERRED METHOD**
  - b. Mail to: Attn: Membership Applications, 1245 Fort Washington Ave., Fort Washington, PA 19034
  - c. Drop your application off at the main station
- 2. Background Investigation** - Your background check will be initiated no later than one week after your paperwork is received. Generally this process will not take longer than two weeks to be completed. Any applicant that has been found guilty of an arson or related offense will be automatically disqualified from the application process.
- 3. Introductory Conversation** - You can expect to have an “introductory conversation” with a member of the investigating committee within one week of your application being received. This will generally be a phone conversation but in certain situations (applicants under 18) may be in person at one of the fire stations. The purpose of this discussion is to review the information that was submitted on your application and to answer any questions that you may have about the application package or process. **During this conversation you should receive an ID #.** This will be your “applicant” ID # and is used to track attendance at fire company drills and meetings. If you are accepted into membership this will become your permanent member ID #. An email blast will be sent out to the members of the fire company notifying them of a new applicant and a new face they can expect to see around the fire stations.

4. **Drill Attendance** - Once you have had your introductory conversation you can begin to attend Monday night drills. While there is no requirement to attend drills during your application process we encourage you to do so. Remember it's important to have as much interaction with our members as you can during this process. They will ultimately vote on whether you will be accepted as a member or not and your initial participation counts! It is your responsibility to arrange for your own transportation to and from drills while you're an applicant.
5. **Recording of Application** - If your application is received by the 15<sup>th</sup> of the month it will be recorded on the minutes of the following month's regular monthly meeting. If received after the 15<sup>th</sup> of the month, it will be recorded on the minutes of the 2<sup>nd</sup> monthly meeting that takes place from when the paperwork is received. We strongly recommend that you are present for this meeting. This is the official notice of your application to the current membership of the fire company.
6. **Interview Panel** – An interview will be scheduled to take place prior to the regular monthly meeting following the meeting at which your application is recorded on the minutes. If you are under the age of eighteen a parent or legal guardian **MUST** be present for this interview. Remember this interview cannot be scheduled until your physician's statement is received. The interview panel will consist of three members of our investigation committee and will take place at one of our fire stations. This interview will provide you with an opportunity to have an in-depth discussion with members of the fire company about why you want to join. It will also be an opportunity for the interview panel to gauge how well they feel you would be an asset to our organization. The members of the interview panel will determine if you will be presented to the membership for a vote.
7. **The Vote** – At the monthly meeting that follows the meeting at which your application is recorded on the minutes (and after your interview) the membership of the Fire Company will vote on whether or not to accept you into membership. We strongly recommend that you are present for this meeting. If you are accepted into membership you will be on a "provisional status" for a minimum of twelve months. **At any point during your first twelve months as a member the Board of Directors can terminate your membership if they feel you are not making sufficient progress towards your training and participation commitment.** If you are not accepted into membership you will not be able to re-apply for a period of twelve months.

### **Membership Application Notes**

1. The membership application is a writeable PDF form. You can complete the form electronically but must print the application to affix signatures where required. You are not required to complete the form electronically however we prefer that you do.
2. When entering any dates on the writeable PDF form you **MUST** enter as MM/DD/YYYY or MM-DD-YYYY in order for the data entry to be accepted.
3. Applicants under the age of eighteen must have parental consent on the application. **In addition working papers will be required upon acceptance into membership.** Therefore we suggest that you have your physician complete the physician's statement and working papers at the same time. You can obtain working papers from your high school guidance counselor.

# What Does It Take To Be a FIRE FIGHTER?

## TRAINING ● COMMITMENT ● PARTICIPATION

The below courses are the “core classes” that Fort Washington Fire Company No. 1 requires of all fire fighting members. Members of the FWFC can utilize the Montgomery or Bucks County Fire Academies to obtain this training. The cost of courses taken through these fire academies is paid directly by the FWFC.

### **200 hrs. – Fire Fighter I\***

This class teaches the basic skills necessary to function as a fire fighter, including personal protective equipment, fire fighter safety, fire extinguishers, ladders, hose lines, SCBA, forcible entry, fire suppression, and rescue. You will be required to complete **CPR** and basic **First Aid** training. The training at times is rigorous and includes two days of live-smoke and live-fire training, so students must be in good physical condition. Bucks County offers a Fire Fighter I curriculum that is longer in duration than at Montgomery County, but includes Hazmat Ops certification. Montgomery’s class is broken into 4 modules, and does not include Hazmat Ops certification, which must be taken separately. You must have Hazmat Ops certification before you can take the FFI certification test.

\*Must be 18 years of age to participate in the live burn portion of the class that is required to complete the certification.

### **44 hrs. – Vehicle Rescue Certification\***

Upon the completion of these courses the student will have an understanding of hazards associated with vehicle rescue operations as well as an understanding of vehicle technology and design. The 2nd course instructs the student in the use of hand tools used in vehicle rescue operations and how to access and package the patient at the accident scene. The 3<sup>rd</sup> course teaches student how to use power tools for various disentanglement techniques. At the conclusion of these courses student will have the knowledge and skills required to pass the written PA Department of Health Basic Vehicle Rescue Technician certification test.

*Drill Night – Monday nights from 7:00PM to 9:00PM*

# What Does It Take To Be a FIRE POLICE OFFICER?

TRAINING ● COMMITMENT ● PARTICIPATION

The below courses are the “core classes” that Fort Washington Fire Company No. 1 requires of all fire police members. Members of the FWFC can utilize the Montgomery or Bucks County Fire Academies to obtain this training. The cost of courses taken through these fire academies is paid directly by the FWFC.

## 28 hrs. – Introduction to the Fire Service

This course is designed to introduce new firefighters to basic information including an overview of the fire service, fire service organization, firefighter safety, personal protective equipment, utility safety, operation of personally owned vehicles, highway scene safety, fire behavior, prevention and public education, communications and alarms, and arson awareness.

## 16 hrs. – Basic Fire Police

This course covers fire police laws, unit organization, traffic control, traffic direction, pre-planning for disasters, security problems, and assisting regular police. It is recommended for new fire police personnel. It is also recommended that the student bring to class a traffic wand, and a regular flashlight.

## 16 hrs. – Advanced Fire Police

Advanced Fire Police reviews topics from the Basic Fire Police (FIPO) course and also introduces the student to issues of leadership, training responsibilities, report writing, court testimony and public relations. This course is designed for the Fire Police officer who wishes to fully explore the roll of the fire police in the fire service.

**TOTAL INITIAL TRAINING REQUIRED = 60 hours!! (7.5 days)**

*Drill Night – Monday nights from 7:00PM to 9:00PM*



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## MEMBERSHIP APPLICATION

### Membership Category

\_\_\_\_\_ Firefighter    \_\_\_\_\_ Fire Police    \_\_\_\_\_ Administrative

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If you have not resided at current address for at least 6 months please provide prior address.*

Prior Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
MM DD YYYY

Drivers License #: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_  
MM DD YYYY

I certify that my drivers license is currently "VALID" and that it is not expired, suspended or revoked. I understand that at any point during my membership should my drivers license status change to anything other than "VALID" it is my responsibility to promptly notify the Chief.

Applicant Signature: \_\_\_\_\_

How did you hear about us?    \_\_\_\_\_ Recruitment Poster/Event    \_\_\_\_\_ Message on your electronic sign

\_\_\_\_\_ I know a current member → Member's Name: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell - Home - Work (Circle One)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell - Home - Work (Circle One)

**Previous Membership or Application – Fort Washington Fire Company No. 1**

Were you ever a member of the Fort Washington Fire Company No. 1? \_\_\_\_ Yes \_\_\_\_ No

If yes, during what time period were you a member? \_\_\_\_\_ to \_\_\_\_\_  
MM DD YYYY MM DD YYYY

Why did your membership terminate? \_\_\_\_\_  
\_\_\_\_\_

If you've never been a member, have you ever applied for membership? \_\_\_\_ Yes \_\_\_\_ No

If yes, when did you apply? \_\_\_\_\_  
MM DD YYYY

What were the circumstances surrounding your denial of acceptance into membership?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Membership or Application – Other Emergency Service Organizations**

Please list any other emergency service organizations where you are a current or former member or have previously applied for membership. (C= Current Member, F= Former Member, A= Applicant)

Name: \_\_\_\_\_ C F A  
(Circle One)

Position(s) held: \_\_\_\_\_ If C or F, how long? \_\_\_\_ YRS

Name: \_\_\_\_\_ C F A  
(Circle One)

Position(s) held: \_\_\_\_\_ If C or F, how long? \_\_\_\_ YRS

**Relevant Training and Certifications**

Please attach copies of any relevant training or certifications that you have already attained.



**Health History**

Do you have any health or physical limitations that could affect your duties? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that a Physician’s Statement is required for any person applying for the firefighter or fire police category of membership. The required form is included with this application package.*

**References**

Please provide three adult references (other than relatives) that we can contact. It is important to let your references know that they may be contacted by a member of the Fort Washington Fire Company.

Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I, the undersigned, hereby make application for membership in the Fort Washington Fire Company No.1. I agree to fulfill all obligations and duties required of me should I be accepted as a member. I agree to follow the policies and guidelines set forth by the administration and to respect the judgment and authority of all officers of the Company. I shall never conduct myself in such a manner as to bring discredit to the Company or its members.

**I understand that if my application is accepted, I will be on a minimum of twelve months probation and may be dismissed from the Fire Company at any time during this period at the discretion of the Board of Directors.**

I have read the application and fully understand its contents. All information I have provided is true and correct. I have not knowingly withheld relevant information from this application. I understand that if any of the information I have provided is found to be false, this application will be immediately rejected and I shall not again be permitted to make application for membership in the Company.

\_\_\_\_\_  
SIGNATURE OF PROSPECTIVE MEMBER\* DATE

*\*If applicant is under the age of eighteen a parental consent is required on this application!*

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

I certify that I am the legal parent/guardian of \_\_\_\_\_. It is with my permission that this application is being submitted.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE





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## MEMBERSHIP APPLICANT – PHYSICIAN’S STATEMENT

Any person applying for the “firefighter” or “fire police officer” category of membership is required to have their physician complete this form. **The FWFC will not pay for any costs associated with your physician completing this form.**

The following is a list of some of the duties and/or situations in which a Firefighter or Fire Police Officer may be required to perform or endure as suggested in “Essential Job Tasks” per NFPA 1582, Section 5.1.3.1:

### Firefighter

1. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles (PPE) and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, this includes a demand valve-type positive pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of PPE including SCBA.
4. Depending on the local jurisdiction, climbing 6 or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb or more and carrying equipment/tools weighing an additional 20 to 40 lb.
5. Wearing fire protective ensemble that is encapsulating and insulated. Wearing this clothing will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled hose lines up to 2.5 in. in diameter from fire apparatus to occupancy (approximately 150 ft.); can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments (including hot, dark, tightly enclosed spaces), further aggravated by fatigue, flashing lights, sirens, and other distractions.

12. Ability to communicate (give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team

**Fire Police Officer**

1. Performing fire police tasks (e.g., extensive standing, lifting and carrying medium weight objects), public service operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles (PPE), including working in extremely hot or cold environments for prolonged time periods.
2. Operating in proximity to electric power lines and/or other hazards.
3. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm up, scheduled rest periods, meals, access to medications, or hydration.
4. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
5. Critical, time sensitive, complex problem solving during physical exertion in stressful, hazardous environments, further aggravated by fatigue, flashing lights, sirens, and other distractions.
6. Ability to communicate (give and comprehend verbal orders) while wearing PPE under conditions of high background noise, poor visibility, and moving vehicular traffic.
7. Drive and operate fire apparatus in a non-emergency capacity in PPE (driver training program, fire prevention, public service events, etc.)

-----**THE FOLLOWING SECTION IS TO BE COMPLETED BY A PHYSICIAN ONLY!**-----

I certify that \_\_\_\_\_ IS \_\_\_\_\_ IS NOT (select one)  
 physically qualified to meet the demands relating to the job requirements above of  
 \_\_\_\_\_ Firefighter \_\_\_\_\_ Fire Police Officer (select one).

**Restrictions and/or Limitations**

Any restrictions or limitations suggested by a Physician shall not automatically disqualify the applicant. The information will only assist Fort Washington Fire Company No. 1 in determining which duties the applicant can or cannot perform safely.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name (Print Clearly): \_\_\_\_\_

Physician's Office Address: \_\_\_\_\_

Physician's Office Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

# What Forms Do I Need To Fill Out?



**A**

I want to submit my PA Child Abuse History Certification electronically.\*

1. FWFC Background Investigation Consent Form
2. Disclosure Statement Application for Volunteers (Please read this form thoroughly before signing)

**Follow instructions provided to create an online application for the PA Child Abuse History Certification.**

**B**

I want to submit my PA Child Abuse History Certification via hard copy paper application.\*

1. FWFC Background Investigation Consent Form
2. Disclosure Statement Application for Volunteers (Please read this form thoroughly before signing)
3. Child Abuse History Certification Form CY-113
4. PA Dept. of Human Services Consent and Release of Information Authorization Form

**C**

I already received my PA Act 153 compliant results for my employment or another volunteer position.

1. FWFC Background Investigation Consent Form
2. Disclosure Statement Application for Volunteers (Please read this form thoroughly before signing)

**YOU MUST ALSO SUBMIT:**

1. PA State Police Results
2. PA Child Abuse History Results

*\*Regardless of how you prefer to submit a new application for a PA Child Abuse History Certification you will need to obtain a fee waiver code from the membership investigation committee.*



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## Membership Background Investigation Consent Form

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Phone Number

Street Address

City

State

Zip

Email Address

I, \_\_\_\_\_, authorize and give full consent to the Fort Washington Fire Company and/or its agents to perform a check of my background and obtain information regarding myself including, but not limited to, the following:

PRINT FULL LEGAL NAME

- National and Local Criminal Records/Information – including PA State Police Criminal History Check
- National Sex Offender Registries – including PA Dept. of Human Services Child Abuse History Certification
- Social Security Identification Number Verification
- Full Address History Trace

I understand that any negative findings discovered during the course of this check may be brought before the Board of Directors for discussion and may result in the rejection of my application for membership (for membership applicants) or possible disciplinary action, up to and including expulsion from membership (for existing members) in accordance with applicable laws.

I understand that all information or records obtained in accordance with this authorization will be held in confidence and in accordance with all applicable laws and copies of such records can be made available to me upon written request to the Board of Directors of the Fire Company. I have not knowingly falsified any of the information provided or withheld any relevant facts pursuant to this background investigation.

I certify that (check only ONE of the following below):

- I have lived in the Commonwealth of Pennsylvania for the entirety of the previous ten years.
- I have **NOT** lived in the Commonwealth of Pennsylvania for the entirety of the previous ten years.\*

**\*FBI fingerprint based federal criminal history is required!**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Membership Applicant FAQs

How many stations does the Fort Washington Fire Company have?

The Fire Company has 2 stations (see addresses above). Typically, both stations respond to incidents within Upper Dublin Township.

Which station do I go to?

Your "home station" will depend upon where you live. The membership committee will inform you of what station you should report to for drills.

When can I ride on fire company vehicles?

You are not permitted to ride on Fire Company vehicles until you are voted into membership. You are responsible for arranging for transportation to and from drills during the applicant period. The Fire Company will provide an upcoming schedule of drills if needed to assist in planning.

When can I get a blue light for my car?

You may not operate a blue light until voted into membership. After being voted in, a blue light permit must be completed and be approved by the Fire Chief. Junior members may not use blue lights.

When do I get a key card to access the stations?

Upon being voted into membership, you will be issued a key card or fob that will access the exterior doors of the stations.

When am I allowed to be at the fire stations?

Before being voted into membership, you may come to the stations for regular fire company activities such as meetings and drills.

What is "drill"?

Drill is our regular Monday night training sessions, which go from 7-9PM. Training is conducted at our stations, at our training facility or may be conducted at other locations. The training consists of both classroom and hands on topics. As an applicant, you are strongly encouraged to attend drills, get to know the members and ask questions.

What is the monthly meeting?

The FWFC monthly meeting is held the 2<sup>nd</sup> Thursday of each month at our Fort Washington Avenue Station at 7:00PM. This is where the business of the Fire Company is conducted. Committees of the Fire Company report on their activities, bills are approved to be paid and prospective members are introduced or voted into membership.

What happens when I get voted in?

After being voted in, you will need to complete various types of paperwork for insurance and other reasons. You will be issued a new member packet, be assigned a gear rack (if a Firefighter) and be issued any appropriate equipment. You may not respond to fire calls until such time as you have been approved by the Fire Chief/Line Officers based on demonstrated general knowledge of FWFC operations.