



## KEYSTONE REGIONAL FIRE RESCUE DEPARTMENT

### **MEMBERSHIP APPLICATION FOR JUNIOR MEMBER CLASSIFICATION**

#### **Junior Membership Applicant:**

1. Print all information legibly using a black or blue pen or type.
2. **You and your parent(s) or Legal are required** to complete the attached application factually and to the best of your ability.
  - a. Your parent(s) or Legal Guardian are required to sign and date the application.
3. **You and your parent(s) or Legal Guardian are required** to attend and participate in an Application Interview with representatives of the Keystone Regional Fire/Rescue Department (KRFRD) prior to your application being submitted to the KRFRD membership for acceptance/rejection vote.
  - a. The interview will be established at a mutually agreed upon time and date to the greatest degree possible. It is the applicant's responsibility to make every effort to attend the established interview date and time.
  - b. You will be provided copies and/or explanation of:
    - i. PA Child Labor Law
    - ii. PA Child Labor Law Hours of Employment
      1. Explanation of employment and volunteer hours
    - iii. Keystone Regional Fire/Rescue Department Junior Membership
      1. Explanation of Junior members log sheets (login/log out of station)
    - iv. Affirm with signatures compliance with Services Law Chapter 63
4. **You are required with your parent(s) or Legal Guardian assistance** to obtain a PA Employment Form (Working Paper).
  - a. Contact your local High School office for application.
    - i. You and your parent(s) or Legal Guardian are required will be required to provide copies of the Working Paper document to KRFRD representatives at this interview
    - ii. \*Applicant and your parent(s) or Legal Guardian\_will be solely responsible for any and all cost if incurred.
5. **Your parent(s) or Legal Guardian with your input are required** to swear or affirm in writing that the applicant is not disqualified from service; the length of residency by the minor within the Commonwealth of Pa., and that the individual is not disqualified from service under subsection (c) listed below, or has not been convicted of an offense similar in nature to those crimes listed in Title 18 subsection (c) 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.
  - a. The Membership Application Compliance with the PA Child's Protective Services Law Chapter 63 will be completed at the Application Interview.
6. Upon completion of the Application Interview and acceptance of your application, interview responses, personal references interviews, employer interview and all other references and information will be evaluated by the Membership Investigation Committee.
  - a. The Committee recommends either your acceptance or rejection of membership to the KRFRD voting members based upon all relevant information.
  - b. Members vote on your application.
  - c. You will receive a letter via US Postal Service as to your membership acceptance or denial.



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**JUNIOR MEMBER**

7. Your parent(s) or Legal Guardian **with your input are required**, if accepted as a KRFRD Junior member:
- a. Pay \$1.00 KRFRD membership fee and \$2.00 annual KRFRD dues
  - b. If required, complete a physical examination and/or a drug and alcohol screening within 30 days of the date membership acceptance.
    - i. A physical examination by a licensed physician at a site designated by the KRFRD
      1. If the PA Employment form (Working Paper) has been completed, the KRFRD will accept the knowledge that a physical examination record is on file at the High School, and no additional physical examination is required.
      2. The Keystone Regional Fire/Rescue Department will fully pay for:
        - a. A drug/alcohol test by a licensed physician/agent at a site designated by the KRFRD
        - b. The drug/alcohol screening must validate zero levels for drugs/and alcohol
  - c. The KRFRD reserves the right to solicit clarification of results with physician and/or drug and alcohol testing physician or agent.

Upon completion of the application, you may deliver in person to the KRFRD or send via US Postal Service to:

**KEYSTONE REGIONAL FIRE RESCUE DEPARTMENT  
MAIN OFFICE ATTENTION: SECRETARY  
P.O. BOX 12  
CRESSON, PA 16630**

**KEYSTONE REGIONAL FIRE RESCUE DEPARTMENT**

**MEMBERSHIP APPLICATION FOR JUNIOR MEMBER CLASSIFICATION**



Print on ink or type information

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

Name: \_\_\_\_\_  
Last First Middle initial

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
mm /dd/ yyyy

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cellular Number: (\_\_\_\_\_) \_\_\_\_\_

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

Driver's License: No  Yes  State \_\_\_\_\_ Operator # \_\_\_\_\_

**CLASSIFICATION OF MEMBERSHIP** applying for (Check one):

JUNIOR FIREFIGHTER  CONTRIBUTORY JUNIOR MEMBER (non-firefighting)

**EMPLOYMENT**

Currently employed? Yes  No  If Yes, may the KRFRD contact your employer? Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

**REFERENCES:** List non-family members only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**FIREFIGHTING EXPERIENCE**

Do you have any previous firefighting training/experience? Yes  No

If Yes, describe experience and provide a copy of all certificates/degrees:

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

**PHYSICAL FITNESS:**

Can you lift or move heavy objects (greater than 25 pounds) without assistance or pain? Yes  No

**PHYSICAL EXAMINATION**

A physical examination performed by a licensed physician is required as part of the PA Employment from (Working Paper), which you are required to obtain per the Child Labor Law.

**DRUG/ALCOHOL TEST**

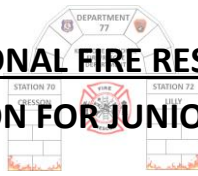
\* Drug/alcohol screening paid for at a site designated by the Keystone Regional Fire/Rescue Department

A drug/alcohol test, performed by a licensed physician/agent, is may be required for Junior Membership.

Do you/parents or legal guardian agree to a drug/alcohol test at our expense and accept the results? Yes  No

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The parent(s) or legal guardian of the applicant shall be required to attend an application interview meeting with the Keystone Regional Fire/Rescue Department representatives.

I and the applicant acknowledge that the applicant is required by Child Labor laws to obtain a validated Pennsylvania Employment form (working papers).

I and the applicant understand that Junior Firefighters are to follow all instructions and that the general standard of conduct is to act in the manner of a professional. I and the applicant understand the expectation to be courteous and respectful of all members and the public as they are representing the Keystone Regional Fire/Rescue Department. I and the applicant understand there is a "zero tolerance" policy regarding drug and alcohol use.

I, as the parent(s) or legal guardian, hereby authorize my son/daughter to apply for JUNIOR MEMBERSHIP in the Keystone Regional Fire/Rescue Department. I understand that the classification of JUNIOR MEMBERSHIP has restrictions and stipulations in accordance with the Commonwealth of Pennsylvania Child Labor Laws, Federal Regulations and regulations and policies of the Keystone Regional Fire/Rescue Department.

I, as the parent(s) or legal guardian, hereby authorize the Keystone Regional Fire/Rescue Department and/or its' representatives to access any records or persons that may be deemed necessary to validate the accuracy of this application. I understand that Junior Firefighters serve as supporters of the Keystone Regional Fire/Rescue Department to learn the basics of firefighting and to prepare to become an Apprentice Firefighter at age 16 and a Firefighter at the age of 18.

With my signature, I hereby agree that all information and consents contained within this application and that all information is accurate to the best of my knowledge. With my signature, I hereby acknowledge that all parents and/or guardians of the applicant are aware of this application and consent to the application without signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

=====

(Keystone Regional Fire/Rescue Department use only)

Date application received \_\_\_\_\_

Date of Applicant/parent/guardian interview: \_\_\_\_\_

Investigation Committee Signature/Date/Recommendation

Primary Station: \_\_\_\_\_

- 1. \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Yes  No
- 2. \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Yes  No
- 3. \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Yes  No
- 4. \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Yes  No
- 5. \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Yes  No

Date of Membership Vote \_\_\_\_\_