

Monaca Volunteer Fire Department # 1

*Beaver County Station # 56
928 Pennsylvania Ave. Monaca, PA 15061
(724) 775-9612*

Introduction

The Monaca Volunteer Fire Department # 1 (*MVFD # 1*) is dedicated to provide fire protection and rescue service whenever we are called upon in a time of need. Our members will be courteous, honest, trustworthy, and compassionate to the citizens of which we have been entrusted to protect. Our good name stands at the heart of who we are and who we have been for over 110 years. The community we serve is important to us, and a strong relationship with the community is vital to our continued success. We stand *together as one*, as a *team to protect*, and as a *brotherhood within the fire service*

Vision

The Vision of *MVFD # 1* is being the safest, most focused and successful fire department in the county. Every member of the *MVFD # 1* should be proud to be a part of the Firefighting Brotherhood. A set of Core Values is identified to better explain what behaviors are key to fulfilling Our Vision. These Core Values are:

Safety

We put safety first by taking care of the people around us and following the rules, guidelines and officers' directions.

Performance

We are performance driven and committed to providing quality fire / rescue services. We act on facts and are accountable for their results.

Integrity

We do the right thing. We are open, fair, honest and straightforward.

Respect

We believe in the importance of all of our community's citizens and visitors. We value the ideas and beliefs of our brother firefighters.

Innovation

We constantly seek new ideas and creative solutions to the challenges presented by the fire service.

Teamwork

We believe that working together always produces the best results.

Conduct drives reputation, and a department's reputation takes years to build but only seconds to lose. It is imperative that we continue to work together to maintain our good name.

Commitment Agreement

To the Officers, Trustees, and Members of the *MVFD # 1*. I present myself as a candidate for membership, and if accepted, I will cheerfully subscribe to the Constitution, Bylaws, Orders, and Procedures of the *MVFD # 1*.

I understand that volunteering can be a rewarding experience but there are certain obligations I must meet in order to remain in good standing in the department. I agree to attend the monthly meetings and drills, to complete Basic Fire Fighter training within the first year of my membership; to assist with the department's public and community relations efforts; and to assist with maintenance and other tasks as assigned. If I cannot meet an obligation, I will notify the appropriate officer or the Chief immediately to request to be excused. I further agree to carry through with any responsibilities that I may take on as a member. If I fail to meet these obligations, I realize the Chief or the President may suspend my membership, thus leading to termination by the organization. The department in turns does understand that a member's family is *always* first; your *vocation* is second; and the department *thirdly*.

I promise that while I am performing volunteer duties, I will act responsibly, ethically, and maturely. I understand that at certain times, information I obtain, as a firefighter must be kept confidential, and I promise not to breach confidentiality. I will also proudly wear my uniform in a clean and professional manner. I will do my best to protect and serve members of my community, and I will support the department to the best of my ability. I will remember that **safety is a priority** while performing my duties in this department.

I understand that I am in a probationary period, during my first twelve (12) months and/or until I reach the age of twenty-one (21), as a member of the department. The probationary period ends only after an affirmative vote by the general membership of the *MVFD # 1*.

If I find it necessary to terminate my membership with the department, I promise to notify the Secretary in writing, and I guarantee to return all items issued to me by the *MVFD # 1*

By my signature, I understand and agree to carry out the promises made above.

Signature _____ Date _____

Application for Membership

Please print

Date: ____/____/20____

Personal Data

Name: _____

Last First Middle

Nickname/Preferred Name _____ Sex: M / F

Social Security Number _____ - _____ - _____

Birthdate: ____/____/____ 19____

Home Address: _____

Street Apt City State Zip

Home Phone Number: (____) _____ - _____ other: (____) _____ - _____

Best time to contact? _____

Preferred number to use _____

Email: _____

Occupation _____

Work Phone Number: (____) _____ - _____

Driver License # _____ State: _____ Class: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name _____ Relationship _____

Address _____ Street Apt

_____ City State Zip

Phone Number: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____

Beneficiaries

(Should be over the age of Twenty-One)

Name _____

Relationship _____

Address _____

Street Apt.

City State Zip

Phone Numbers (____) _____ - _____ (____) _____ - _____

Physical Examination

Date of your last medical examination. ____/____/20__.

If your physical examination was less than one year ago please attach a statement by your physician stating you are fit for duty as a firefighter.

If your physical examination was greater than one year, you must obtain a physical from your MD/DO or primary care provider stating you are physically fit for duty as a firefighter.

FIRE/RESCUE/EMS EXPERIENCE

Have you ever applied or been a member of the *MVFD # 1* before? Yes/No

If yes, date applied: ____/____/____

If you have been a member, why did you resign or terminate your membership?

Have you ever served in another Fire/Rescue department? Yes/No

If yes, complete the following:

Name of department(s) (Use additional sheets if needed)

Phone Number: (____)____-____

Address: _____

Dates of Service ____/____/____ - ____/____/____

List types of FIRE/EMS vehicle(s) you have been authorized/ licensed to drive
(Example: Engine-Truck, Watercraft)

A. _____

B. _____

C. _____

State highest rank you have held: _____

List any Fire, EMS, Rescue or **related** courses you have taken and where/ how obtained:

(Example: Basic Firefighting, Emergency Medical Technician etc...)

(Name of School, course, etc...)

A. _____ B. _____

C. _____ D. _____

E. _____ F. _____

Attach a photocopy of **any** certificates earned.

Other relevant training that should be included in your fire service file:

AVAILABILITY

Our members are the core and essence of the *MVFD # 1*. Participation is key in maximizing your fulfillment of this volunteering endeavor. If possible, list days and times you would consider participating in standbys, company functions or other activities at MVFD #!

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____ Sun_____

REFERENCES

Please list at least two professional and one personal reference. Other than employers, or relatives

Name Phone Type of Reference

Name Phone Type of Reference

Name Phone Type of Reference

Sponsorship

Please obtain signatures of any members of the department willing to endorse your application,

GENERAL

Have you ever been **convicted** of a criminal offense in an adult court? Yes/No.
If so, give details, including charge, location, and disposition of case.

In the last three (3) years have you been **convicted** of a moving violation or suspension of driving privileges under the Pennsylvania/or any other state's motor vehicle code? Yes/No.
If yes please list the offense and disposition of the offense.

In the last three (3) years have you used illegal substances or prescription medications for recreational purposes? Yes / No

Have you ever been discharged from a position for making threats, fighting or any incidents involving violence? Yes / No

The *MVFD # 1* reserves the right to accept or decline, **with just cause**, any applicant as seen fit by the vote of the membership and / or the recommendation of the Vigilance Committee.

The *MVFD # 1* is an equal opportunity association. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, physical or mental disability or any other status protected by applicable law. Our commitment to anti-discrimination allows us to maintain an environment where all members' talents are recognized, developed, and utilized. This is absolutely critical to the *MVFD # 1's* vision of being the safest, most focused and successful fire department in the county.

My signature on this application indicates that I understand and hereby authorize *MVFD # 1*.to investigate any and all statements made herein. I understand that any false statements or an omission of information requested is cause for rejection of my application. I agree to abide by the Bylaws of The Company and all rules and regulations set forth by the Trustees, Officers and Department

Signature of Applicant:

Date: ____/____/20____

Only

Date: Contacted Applicant ____/____/20____

Scheduled Meeting/Interview

Comments of Meeting/Interview

Signatures of Vigilance Committee, with recommendation noted

Schedule department meeting

Results of Company Meeting

Enrolled for classes

Date eligible for full membership