

*Good Will Steam Fire Engine Company #1  
Fire, Rescue and Ambulance  
Pottstown, PA 19464*

Thank you for wanting to become a member of Good Will Fire Engine Company #1. We are very happy that you want to help us to help others. There are a few basic things that you need to know once you receive this membership application.

As you will see, we have an area in which we need to identify which entity of the organization you would like to become involved with. We need you to fill out the application and resubmit this to the company dispatcher. At this point, the dispatcher will give you a receipt for your fee and forward your application to the company president.

There is a \$20 application fee that needs to accompany the application. This is a once and done fee. You will not have to pay dues on a yearly basis. As you will see on your application, we will be performing some background investigations for you and we will take care of the paperwork for this.

Once our background check process is complete, you will be voted on at our monthly board of directors meeting for temporary membership in the organization. This will be for a period of (6) months. During this time we ask you to visit the firehouse and get to know all the people involved in our organization. We especially want you to visit with the person in charge of the area(s) that you wish to become part of. After your (6) month probation period is over and you have made your visit, you will be voted on at our monthly board of directors meeting. You will then be notified by phone or mail of the results of your membership application.

Once again we appreciate the fact that you desire to become a member of our organization. We look forward to working with you in the near future. Please feel free to contact any member of this organization for any assistance that you might need.

Thank you

Board of Directors

# GOOD WILL STEAM FIRE ENGINE COMPANY NO. 1

714 High Street  
Pottstown, PA 19464  
610-326-5460

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_  
Last First M.I. (Maiden)

Address: \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_ City/Town State Zip

How Long There: \_\_\_\_\_ yrs \_\_\_\_\_ mos. Phone: ( ) \_\_\_\_\_  
Day

S.S.N.: \_\_\_\_\_ ( ) \_\_\_\_\_  
Night

Sex: Male Female Date of Birth \_\_\_\_\_  
Month / Day / Year

Desired Affiliation:(Check the one which is top priority at this time)  
Fire/Rescue \_\_\_\_\_ EMS \_\_\_\_\_ General \_\_\_\_\_

**EDUCATION:** (to be completed if affiliation is other than General)

High School: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduate: Yes No GED Major: \_\_\_\_\_

College: \_\_\_\_\_

City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduate: Yes No Major: \_\_\_\_\_

Have you ever been arrested or convicted of a misdemeanor or felony?  
Arrested \_\_\_\_\_ Convicted \_\_\_\_\_

Specify charge(s), date(s), and place(s):

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I \_\_\_\_\_ here by state that the information on this application is true and correct. I also, give the Good Will Steam Fire Engine Company No. 1 of Pottstown, PA permission to do a background investigation of any type in accordance with the company by-laws, the laws of the Commonwealth of Pennsylvania, and the Federal laws of the United States.

The investigating committee will maintain total confidentiality of this application and will maintain it in my own personal file.

I understand that if any information was knowingly omitted or falsified, that this application and/or membership shall be voided, suspended, or expelled from the company pending further investigation.

I also understand that should I be accepted as a member of Good Will Steam Fire Engine Company #1, I will obey and follow the rules, regulations, and policies set forth by the Board of Directors and Company Officers.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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We consider all applicants without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICATION: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**WORK REFERENCES:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**PERSONAL REFERENCES:** (Not Related)  
(Know More Than 6 Months)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

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**LIST ORGANIZATIONS AFFILIATED WITH (LAST 5 YEARS)**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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**POTTSTOWN FIRE DEPARTMENT**

**MEMBERSHIP**

**CRIMINAL HISTORY CHECK**

**GOODWILL STEAM FIRE ENGINE CO. #1**

PRINT OR TYPE INFORMATION

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
NUMBER STREET  
TOWN STATE ZIP

DOB \_\_\_\_\_ SS# \_\_\_\_\_

I HEREBY VOLUNTARILY AND KNOWINGLY GRANT PERMISSION TO THE POTTSTOWN POLICE DEPARTMENT TO CONDUCT A FULL AND COMPLETE CRIMINAL HISTORY INVESTIGATION INTO MY PERSONAL HISTORY COMPLIANT WITH SECT. 3301 (H.1)(1) OF THE PENNSYLVANIA CRIMES CODE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED \_\_\_\_\_ DATE \_\_\_\_\_

PRINT OR TYPE INFORMATION