



Philadelphia Second Alarmers Association

2900 Roberts Ave, Philadelphia, PA 19129

Phone: (215) 223-1936

Email: philly2ndalarmers@gmail.com

Application for Membership

Please read the following Member Requirements before Submitting this Application

Applicants will understand that the information given will be verified and a background check will be conducted. Applicants will be subject to all policies governing such applicants, and no full membership status is granted until all probationary requirements in effect are satisfied. The Philadelphia Second Alarmers Association retains the right to restrict membership at any time. All membership actions taken by the Association are Final.

Name [Printed]: _____

Signature: _____ **Date:** _____

Your signature above indicates your understanding of the provisions of this application and that you agree to abide by all by laws and directives set forth by the Officers and members of the Second Alarmers Association and Rescue Squad of Philadelphia, Incorporated. No express or implied membership processing timetable shall be understood.

Membership Requirements;

Basic:

- Minimum of 18 Years old
- Express Good Moral Character
- Have a Valid Drivers License in either PA or NJ
- Possess either a High School Diploma or its Equivalent [GED]

Membership to the Association requires a commitment of the following;

- 20 Hrs a month served through either onscene activities, details, or work at the station.
- Members are required to attend 8 of the 12 monthly meetings throughout the year. Meetings are held on the first Monday of each Month at 8:00 PM, except if that Monday falls on a holiday, or the eve of a Holiday. If this is the case, the meeting will be held on the following Monday.
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Brief Description of the Philadelphia Second Alarmers.

The Philadelphia Second Alarmers Association, has a long and storied history of assisting Philadelphia's Emergency Service Personnel, through our Rest and Rehab Services. We have been providing this service since November of 1921 with Pride.

We staff our station @ 2900 Roberts Ave 24/7, 365 days a year with our dedicated Volunteers. We respond to all working fires and major incidents, as well as assist the Cities Police and Fire Departments during major events through our Rest and Rehab services. We are not on the front lines, but we stand ready, and are proud to assist these members whenever and however we can.

The Philadelphia Fire & Police Departments provide Exceptional service to the city of Philadelphia, and our goal is to provide Exceptional Rest and Rehab Services to them.

The Application Process

Step 1: Application Received and completed by the Applicant.

Step 2: Application submitted to the Second Alarmers for Review.

Step 3: Upon completion of the Application Review process, if selected, Applicants will be set up for an interview.

Step 4: If the Applicant passes the application and interview phase, the Recruitment Officer will put in a request for membership in the next Association Meeting. After this request is submitted, the membership will vote on whether to accept or deny the applicant.

Step 5: Affirmed applications shall be followed by a letter from the Association Secretary to the applicant indicating that he has been accepted as a Probationary Member for a trial period of twelve (12) months.

Physical Requirements

- Ability to lift 20 - 50 lbs on a regular basis.
- Ability to lift and bend in order to transport heavy equipment.
- Ability to walk distances while carrying 30 lbs of equipment or more.
- Standing for long periods of time.

Special Hazards

- Extreme weather conditions [Heat, Cold, Rain, Etc.]
- Atmospheric Hazards [Smoke, Etc]
- Walking Hazards [Hoselines, debris, various Fire Fighting equipment]
- Exposure to potentially dangerous situations..
- Emergency Response.

Date of Application: _____

Please print all of the information requested on this application. Any falsification or intentional omission of information requested will result in disqualification.

Applicant Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____

Phone [Home or Cell]: _____ Phone [Work]: _____

E-Mail Address: _____

Driver's License #: _____ Issuing State: _____ Expiration Date: _____

Has your Driver's License ever been suspended? Yes / No [If yes, Please Explain]

Education [Circle Highest]

High School - Some College - Assoc Degree - BA/BS - Post Graduate

Certifications Held: [Only if Applicable] [EVOC, CPR, First Responder, etc]

Please list any Physical Limitations:

Please list any skills or qualifications you possess, that you feel will be of benefit to the Association:

Work History

Please list previous work history for the last 2 years, starting with your most current employer.
Please Explain any gaps in unemployment.

Current Employer: _____ Start Date: _____
[If unemployed, please explain]

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Employment

Employer: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Employment Continued:

Employer: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Volunteer History

Organization: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving:: _____

Organization: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving:: _____

Organization: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving:: _____

Organization: _____ To: _____ From: _____

Supervisor: _____ Supervisor's Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving:: _____

CHARACTER REFERENCES

Below list [3] Character references.

Character References cannot be family members.

If a reference does not answer, or return a call to the Association, another reference will be requested by the Association.

Failure to Complete all reference info will result in applicant disqualification.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Applicant: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Applicant: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Applicant: _____