



## **William Cameron Engine Company**

P.O. Box 606, 11 Buffalo Rd.

Lewisburg, PA 17837

Telephone: 570-524-2295

Fax: 570-524-6831

Email: [wcec@WCEC-LFD.org](mailto:wcec@WCEC-LFD.org)

Web page: [www.wcec-lfd.org](http://www.wcec-lfd.org)

Thank you for your interest in becoming a member of the William Cameron Engine Company. The William Cameron Engine Company provides fire, rescue, and emergency medical services to the Borough of Lewisburg and the surrounding area. If you decide to join our Company and are accepted into membership, you will be joining a Company that has been providing emergency services to our community since 1874. Please take a few moments to read the following information before submitting your application for consideration.

### **"Willing Hands to Save" - The Volunteers of the WCEC.**

Becoming a volunteer member of the William Cameron Engine Company is not an easy task and frankly, is not for everyone. This is unlike any other type of community service. The time required to become fully trained and able to serve the community is much greater than many people realize.

The members of the William Cameron Engine Company provide a multitude of services to our community. Some of these include fire suppression, fire prevention/safety, fire investigation, motor vehicle accident rescue, and basic life support ambulance service.

### **Training/Meetings**

- Trainings are held at our station for all members on Tuesday nights, which are held from 7:00 p.m. until approximately 10:00 p.m. each week. Most training received by members will be paid by the Company.
- Work detail at the station is held every Saturday morning, from 10:00 a.m. until 12:00 noon.
- Monthly meetings of the general membership to conduct business are held the first Friday of every month from 7:30 p.m. to about 9:30 p.m.

### **Membership Classifications**

- ❖ JUNIOR MEMBERSHIP: Is a member that is 16 or 17 years old.
- ❖ SENIOR MEMBERSHIP: Is a member that is at least 18 years of age.
- ❖ ASSOCIATE MEMBERSHIP: Is a member that is an active member of an surrounding area fire, rescue, or EMS department. Classification of an associate member is awarded annually by the WCEC Fire Board, based on recommendations by the WCEC Department Chief and the Chief of the home department.

### **Ratings/Point System**

WCEC has to keep a record of participation in order to establish which members are or are not active. The mechanism for doing this is the point system. Simply stated, each member is awarded a point for various WCEC activities such as trainings, meetings, emergency calls, etc. Points are accumulated on a quarterly basis (9/30-11/1, 12/1-2/28, 3/1-5/31, and 6/1-8/31).

- ❖ ACTIVE MEMBER: Must earn 15 points per quarter
- ❖ SOCIAL MEMBER: Must earn 3 points per quarter
- ❖ INACTIVE MEMBER: Earns Less than 3 points per quarter

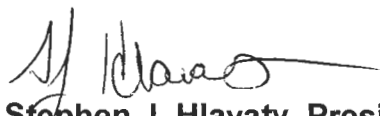
### **Application for Membership**

In order to allow you the opportunity to ask questions about the William Cameron Engine Company and to allow us to get to know you, you will be asked to visit the Station and meet with members of our Investigation Committee. These members are responsible for providing you with basic information concerning the Company and to conduct your background investigation. It is important to us that you are sure that membership in the William Cameron Engine Company is "right" for you before you commit yourself. Please take the time to fill out the application on the following pages. Return ALL application paperwork to the station. If you have questions, feel free to call the station.

In order to protect our community and fellow members, The William Cameron Engine Company has begun conducting background checks and random drug tests on all members and potential members. As part of the application process you will be asked to complete forms for three (3) background checks, The Pennsylvania State Police Criminal Record Check, The FBI Fingerprint Clearance, and the Childabuse Clearance. The first two (2) are done electronically, but please fill out the paper forms in the application so we have the information to process them electronically. The Childabuse Clearance must be mailed and cannot be done electronically. Please fill out this form completely, the "Purpose of Clearance" is VOLUNTEERS. In the Previous Address and Household Members please list any address you have resided at since 1975 and anyone who has lived with you since 1975. These background checks can take 4 to 6 weeks to be completed, and are required before the application can be voted on at one of our monthly meetings.

**I want to take this opportunity to personally thank you for your interest in our Company. I hope to welcome you to our membership and assist you in providing a most valuable service to our community!**

Sincerely,



**Stephen J. Hlavaty, President  
William Cameron Engine Company**

**WILLIAM CAMERON ENGINE COMPANY  
JUNIOR MEMBER - PARENTAL CONSENT FORM**

PO Box 606, 5<sup>th</sup> Street at Buffalo Road  
Lewisburg, Pa 17837

Phone: 570-524-2291 Fax: 570-524-6831

Email: [wcec@wcec-lfd.org](mailto:wcec@wcec-lfd.org)

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The William Cameron Engine Company is pleased that your son/daughter is interested in joining the department as an active junior member.

In order to participate in firefighting and other activities of the department, you and your child must acknowledge and consent to the following:

- 1 – The undersigned parties acknowledge and understand that firefighting is a dangerous activity.
- 2 – The undersigned minor agrees to participate in training and drills available to him/her in order to reduce potential risks through education and experience.
- 3 – The undersigned minor agrees to obey any and all commands given on a fire or rescue scene by the chief, or any officer in charge.
- 4 – The undersigned acknowledges that he/she shall not be permitted to participate fully in all activities of the William Cameron Engine Company unless he/she has completed all requirements for training. Junior members are not at any time allowed in any structure under an active fire condition. They are to remain outside of the given structures until the fire is completely under control and even then are not allowed in until the structure has been deemed safe by the officer in charge.
- 5 – The undersigned parties release the William Cameron Engine Company and any and all of its members from any and all claims for damages and/or injuries which the undersigned minor may sustain while engaged in firefighting and related activities and hold harmless the William Cameron Engine Company for any loss by reason of such injury.

With full understanding and acceptance of the above terms, the undersigned parties hereby consent and permit (Name of applicant) \_\_\_\_\_  
to become a Junior member of the William Cameron Engine Company.

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

Parent: \_\_\_\_\_

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

**William Cameron Engine Company**  
**P.O. Box 606, 11 Buffalo Rd.**  
**Lewisburg, Pa 17837**  
**Telephone: 570-524-2291      Fax: 570-524-2294**

**Junior Firefighter Membership Application**

To the Officers and Members of the William Cameron Engine Company: Having formed a favorable impression of your organization, I hereby respectfully request admission into the William Cameron Engine Company as a Junior Firefighter. I promise and agree that if I am elected, I will conform to the Constitution and By-Laws that govern your Company. I authorize the William Cameron Engine Company and its agents to investigate by health, habits, character and standing in the community. I authorize any person contacted by WCEC or its agents, to release any and all information about me that is requested. I understand that falsification of any information on this document may lead to my arrest under Section 4904 of the Pennsylvania Crime Code.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Parent or Legal Guardian Signature: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION REQUESTED BELOW.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: (Please include street and PO Box, if applicable):

\_\_\_\_\_ Telephone: \_\_\_\_\_

List previous address if at current address less then 2 years:

\_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Have you ever been:    arrested for any violation of the Law?        \_\_\_\_\_  
                                  indicted for any violation of the Law?                                \_\_\_\_\_  
                                  a defendant in a criminal proceeding?                                    \_\_\_\_\_  
                                  convicted of any violation of the Law?                                    \_\_\_\_\_  
                                  arrested for motor vehicle violations?                                    \_\_\_\_\_

If you answered "yes" to any of the above questions, give full information concerning disposition of each charge and attach it to this form.

Are you a citizen of the United States? \_\_\_\_\_

Have you ever been removed from or refused admission to another fire/rescue ambulance organization? \_\_\_\_\_ If so, please name the organization and give reasons for such removal or refusal and attach it to this form.

Please list three character references. One must be school affiliated.

	NAME	ADDRESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PARENT OR LEGAL GUARDIAN WAIVER**

I have read and understand fully the application for membership to the William Cameron Engine Company. I also understand that the Junior Firefighters are covered under the Worker's Compensation Laws. I also understand that the William Cameron Engine Company is not responsible for any claims or legal action beyond that covered under this insurance.

Signature of Parent of Legal Guardian: \_\_\_\_\_

Signature of Junior Applicant: \_\_\_\_\_

**WORKING PAPERS MUST BE ATTACHED TO THIS APPLICATION!**



Report of the Investigating Committee

Character references: \_\_\_\_\_

Background Check: \_\_\_\_\_

Qualifications/areas of interest: \_\_\_\_\_

We the undersigned members of the investigating committee, respectfully report that we have made diligent inquiry into the health, habits, character and standing of the petitioned and recommend that he/she, be/not be admitted to membership in the William Cameron Engine Company.

Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Balloted for and accepted/not accepted on \_\_\_\_\_

**WILLIAM CAMERON ENGINE COMPANY  
REPORT OF HEALTH CARE PROVIDER**

PO Box 606, 11 Buffalo Road  
Lewisburg, Pa 17837

Phone: 570-524-2291 Fax: 570-524-2294

Email: [wcec@WCEC-LFD.org](mailto:wcec@WCEC-LFD.org)

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**NOTE TO HEALTH CARE PROVIDER:**

This person has applied to become a member of a volunteer fire department that provides fire, rescue, and emergency medical services to our community.

An ACTIVE member is one that will actually perform firefighting and emergency medical service activities. This type of member will encounter multiple types of stress, including extreme physical, mental, and emotional situations. Please include any concerns you have on their ability to perform as an active member. This should include any pertinent past medical history including mental illnesses.

A SUPPORT SERVICES member is one that will assist with fundraising and other such activities of the Department. They would not be subject to the physical extremes of active membership.

**NAME OF  
APPLICANT:** \_\_\_\_\_

I have examined the above named applicant and found him/her to be physically, mentally, and emotionally capable of performing all duties associated with the fire, rescue, and/or ambulance service.

Comments:

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Provider

\_\_\_\_\_  
Provider's Address

\_\_\_\_\_  
Telephone Number

DATE RECEIVED: \_\_\_\_\_

**WILLIAM CAMERON ENGINE COMPANY  
ANNUAL MEDICAL STATEMENT OF PERSONNEL**

PO Box 606, 11 Buffalo Road

Lewisburg, Pa 17837

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**TO BE COMPLETED BY THE MEMBER OF WCEC OR APPLICANT TO WCEC.**

**THIS FORM DOES NOT HAVE TO BE COMPLETED BY A HEALTH CARE PROVIDER.**

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES", be sure the answer is fully explained.

NAME		DATE OF BIRTH	AGE
PHYSICIAN NAME:		PHYSICIAN ADDRESS:	
PHYSICIAN PHONE:			

**EYESIGHT**

YES NO COMMENTS

Have you lost use of either eye? ___ R ___ L			
Is peripheral (side) vision restricted?			
Are you color blind?			
Do you have, or have you ever had, cataracts?			
Are deficiencies corrected by glasses/contacts?			
Date of last eye exam: _____			

**HEARING**

YES NO COMMENTS

Do you have difficulty hearing normal conversations?			
Do you use a hearing aid?			

**DIABETES**

YES NO COMMENTS

Have you ever been treated for diabetes?			
If yes, are you on medication/insulin?			
Date of latest blood sugar test: _____			

DATE RECEIVED: \_\_\_\_\_

**HEART**

YES NO COMMENTS

Have you ever been treated for heart disease?			
Do you have a pacemaker?			
Date of last treatment/check-up: _____			

**BLOOD PRESSURE**

YES NO COMMENTS

Have you ever been treated for high blood pressure?			
If yes, when were you treated? _____	What was your last reading? ____/____		

**EPILEPSY**

YES NO COMMENTS

Have you ever been treated for epilepsy?			
If yes, when was your last seizure? _____			

**LIMBS**

YES NO COMMENTS

Have you lost an arm or leg?			
Have you lost use of an arm or leg?			
Does your vehicle have special controls?			

**MISCELLANEOUS**

YES NO COMMENTS

Have you ever had, or been treated for, convulsions?			
Have you ever had any fainting spells?			
Have you ever had/been treated for loss of equilibrium?			
Have you ever been treated for alcohol or drug abuse?			
Have you ever been treated for mental illness?			
Are there any restrictions posted on your vehicle operator's license?			
Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?			
What is the date of your last physical exam? _____			

The answers to the above Annual Medical Statement of Personnel are complete, accurate, and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Member/Applicant

\_\_\_\_\_  
Date