

**Department of  
Fire and Life Safety**

Stephen P. Kopczynski  
Fire Chief/Director



Fire and Rescue Operations  
Prevention and Community Safety  
Emergency Management

Dear Volunteer Applicant:

Thank you for your inquiry about membership as a volunteer for the York County Department of Fire and Life Safety. Enclosed you will find an application and the No Smoking Agreement. These forms are required so that you can be considered for membership. In addition, a copy of your driving record will be required at the time you are contacted for an interview.

The York County Department of Fire and Life Safety is a combination department (volunteer and career) that responds to fires, emergency medical services incidents, hazardous materials emergencies, rescue situations, as well as an array of many other types of emergencies. The department is also responsible for other services such as prevention and certain community activities. Because of the physical demands involved in performing the respective duties in the Fire and Rescue Service, certain physical/medical standards have to be met prior to and after volunteer membership.

I would like to personally invite you to apply for membership in our department. If you so desire, either mail the enclosed forms to our administrative office at the address below or personally bring them by our office at 301 Goodwin Neck Road in Yorktown. Interviews are held approximately once a year. The number of new members is limited; applications will be considered based on current need, location of residency, and the order in which they are received until the limit has been reached. Please be sure to return the completed forms, as these are necessary in order to process your application for an interview.

We look forward to hearing from you and are glad you are interested in becoming part of the York County Fire and Rescue Service.

Sincerely,

Stephen P. Kopczynski  
Fire Chief

Enclosures

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**EDUCATION INFORMATION**

DO YOU HAVE A HIGH SCHOOL DIPLOMA \_\_\_\_\_ or GED \_\_\_\_\_?

ARE YOU A COLLEGE GRADUATE? \_\_\_\_ Yes \_\_\_\_ No

IF SO: \_\_\_\_\_  
Name of College Area of Study Type of Degree

HAVE YOU HAD PREVIOUS EXPERIENCE WITH ANY OTHER FIRE OR EMS ORGANIZATION? \_\_\_\_ Yes  
\_\_\_\_ No

IF SO, PLEASE LIST:

Name	City	State
Name	City	State
Name	City	State

LIST ANY CURRENT AFFILIATIONS: \_\_\_\_\_  
\_\_\_\_\_

CHECK ANY CURRENT CERTIFICATIONS HAVE YOU OBTAINED (ADD ANY NOT LISTED):

\_\_\_\_ CPR \_\_\_\_ CPR INSTRUCTOR \_\_\_\_ EMT \_\_\_\_ EMT-ST \_\_\_\_ EMT INSTRUCTOR  
\_\_\_\_ EMT INSTRUCTOR \_\_\_\_ EVOC \_\_\_\_ EVOC INSTRUCTOR \_\_\_\_ VEH EXTRICATION  
\_\_\_\_ FIREFIGHTER I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ FIREFIGHTER INSTRUCTOR

HOW DID YOU FIND OUT ABOUT OUR ORGANIZATION? \_\_\_\_ FRIEND \_\_\_\_ FIRE STATION  
\_\_\_\_ STAFF MEMBER \_\_\_\_ PAPER \_\_\_\_ RADIO \_\_\_\_ OTHER

**REFERENCE INFORMATION**

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE INDIVIDUALS THAT MAY BE CONTACTED AS A PERSONAL REFERENCE.

Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number

**CERTIFICATION**

I hereby certify that the information provided by me on this application and all \*documents accompanying this application are true and accurate. I understand that falsifying any of this information is grounds for dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\* No Smoking Agreement

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## **No Smoking Agreement**

I shall, upon membership, cease and desist from smoking or using tobacco products, including but not limited to cigarettes, cigars, pipes, chewing tobacco or snuff at any time, on or off duty, and shall refrain from so during my entire tenure of service with the York County Department of Fire and Life Safety.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_