

**Fleetville Volunteer Fire Company
Membership Application**

Last Name:	First:	MI:
Street Address:	City:	St: Zip:
Home Phone:	Work Phone:	Cell Phone:
email address:	Social Security #:	Birth Date:

List any physical or medical limitations that would prevent you from performing the duties of an emergency services member?
(Example: back problems, serious health risks, lifting restrictions, etc.)

Who should be contacted in cast of an emergency?

Name:	Phone:	Name:	Phone:
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Are you interested in becoming a (Please Check)

Active Member

Social Member

Do you have any previous experience in Emergency Services? If so, do you have Essentials of Firefighting, Emergency Vehicle Operator Course? Please list any additional emergency services training you may have and provide copies of your certificates to the fire company secretary.

Do you have any areas of expertise that could benefit the Fleetville Volunteer Fire Company? (construction, business management, hobbies, marketing, culinary arts)

Criminal History

I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 pa.C.S. § 3301 or any similar offense under any Federal or state law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00.

_____ Date

_____ Your Signature

Application Fee and Signatures

An initial membership fee of \$5.00 will be collected on the date of application. This is non refundable and includes your 1st year dues. Dues are \$3.00 per year after you join.

I understand that after attending 1 meeting I will be classed as a probationary member for 1 year. At that time, the membership of the Fleetville Volunteer Fire Company will vote to make a decision on whether or not I will be accepted as and active or social member. I understand that I must attend a second meeting one year from my application date to be voted on.

_____ Date

_____ Your Signature

Witness
Must be a member in good standing

Witness
Must be a member in good standing

Parental Consent

If the applicant is under 18 years of age, applicant must obtain parental consent below.

I, _____, give my son or daughter _____ permission to join the
(Print Parent/Guardian Name) (Child's Name)

Fleetville Volunteer Fire Company. I understand that my son or daughter must obtain working papers if under the age of 16. If you have any questions or concerns please contact Fleetville Volunteer Fire Company at (570)945-3139.

_____ Parent/Guardian Signature

_____ Date