

## Membership Application For Active Firefighters

### **North-Hopewell Winterstown Volunteer Fire Company 12246 Winterstown Road Felton, PA 17322**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Municipality of residence: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Active Members:** A member who is active in firefighting , fire police or medical areas.

**Social Member:** A member who participates in fire company fundraisers, sales, etc.

Do you plan to be a SOCIAL MEMBER or ACTIVE MEMBER? (Circle One)

#### **ACTIVE MEMBERS CONTINUE:**

Do you have any medical conditions? (Explain): \_\_\_\_\_

Are you a licensed driver: \_\_\_\_\_ If yes, have you been convicted of any moving violations within the last two years?: \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

Driver's license class: \_\_\_\_\_ Drivers license number: \_\_\_\_\_

Have you ever had any previous fire and/or ambulance training? \_\_\_\_ yes \_\_\_\_ no

Please list courses taken, where taken and date completed:

<u>COURSE</u>	<u>WHERE COURSE WAS TAKEN</u>	<u>DATE COMPLETED</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\* List additional courses on back of this paper.**

Have you been or are you a member of another fire company? \_\_\_\_ yes \_\_\_\_ no

If so, which company? \_\_\_\_\_ Please list any officer's of that company that we may call for reference. \_\_\_\_\_

List to character references ( A person known for at least two years)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\*\*\*\*Person to call in case of an emergency: \_\_\_\_\_

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

#### **JUNIOR MEMBERS:**

\*\*\*\*If you are under the age of eighteen as of date of this application is submitted:

Parent/Guardian must sign here: \_\_\_\_\_

Relationship: \_\_\_\_\_

A work permit is required and a copy must be submitted with your application>

(This permit can be obtained at school, see your counselor.)

#### **ALL MEMBERS MUST SIGN BELOW:**

Please read and sign: I understand the above to be true to the best of my knowledge and that any falsification could result in the cancellation of my application or if approved for membership, the termination of such membership.

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

**NOTE:** A non-refundable fee of \$10.00 will be required to process **ACTIVE MEMBERS** applications. It must be paid at the time application is submitted. Potential members are urged to attend a fire company meeting (held every second Monday of each month.) to meet members. Your application will be voted on upon your return.

Date of Application: \_\_\_\_\_ Fee PD \_\_\_\_ yes \_\_\_\_ no

Date of meeting that application was discussed: \_\_\_\_\_

Applicant present \_\_\_\_\_ Vote (#) \_\_\_\_\_ for \_\_\_\_\_ against \_\_\_\_\_