

CASTLE SHANNON VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP: INTERIOR FIREFIGHTER EXTERIOR FIREFIGHTER ASSOCIATE FIREFIGHTER JUNIOR FIREFIGHTER

PERSONAL INFORMATION (REQUIRED)

NAME: _____

CURRENT ADDRESS: _____

STREET

CITY/STATE

NUMBER OF YEARS LIVING THERE: _____

DO YOU: OWN RENT

PREVIOUS ADDRESS: _____

STREET

CITY/STATE

NUMBER OF YEARS LIVED THERE: _____

DID YOU: OWN RENT

PHONE NUMBER (HOME) _____ (WORK) _____ (CELL) _____

DATE OF BIRTH (optional): _____ HEIGHT: _____ ft. _____ in. WEIGHT _____ lbs.

DO YOU HAVE AN ACTIVE PA DRIVERS LICENSE: YES NO LICENSE# _____ CLASS: _____

EMERGENCY CONTACT NAME: _____ PHONE# _____ RELATIONSHIP _____

HAVE YOU EVER BEEN REJECTED BY THIS DEPARTMENT: YES NO

HAVE YOU EVER BEEN A MEMBER OF THIS DEPARTMENT: YES NO IF YES, WHEN? _____

ADDITIONAL INFORMATION (OPTIONAL)

DO YOU HAVE FIREFIGHTING EXPERIENCE? YES NO IF YES, HOW? _____

HAVE YOU EVER SERVED IN THE MILITARY? YES NO IF YES, WHEN? _____

MARITAL STATUS: SINGLE (INCLUDES SINGLE, DIVORCED, WIDOWED)
 MARRIED IF MARRIED, SPOUSES NAME: _____

DO YOU HAVE ANY CHILDREN: YES IF YES, NAME: _____ AGE: _____

NO NAME: _____ AGE: _____

NAME: _____ AGE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION: YES NO

IF YES, PLEASE EXPLAIN: _____

MEDICAL INFORMATION (REQUIRED)

DO YOU CONSIDER YOURSELF TO BE IN GOOD ENOUGH PHYSICAL SHAPE TO PERFORM FIREFIGHTING RELATED ACTIVITIES: YES NO

DO YOU HAVE MEDICAL PROBLEMS WITH ANY OF THE FOLLOWING:

HEARING YES NO

VISION YES NO

SPEECH YES NO

ANY ALLERGIES YES NO IF YES, EXPLAIN: _____

PLEASE LIST ANY SERIOUS INJURIES/ILLNESSES YOU HAVE SUFFERED: _____

(OVER)

EDUCATION (REQUIRED)

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
VOCATIONAL OR TRADE SCHOOL				
COLLEGE				

PLEASE LIST ANY SKILLS OR CERTIFICATIONS YOU HAVE THAT ARE NOT MENTIONED ABOVE:

EMPLOYMENT INFORMATION (REQUIRED)

EMPLOYED	NAME OF EMPLOYER ADDRESS OF EMPLOYER	POSITION	PHONE NUMBER
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

REFERENCES (REQUIRED) GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU.

	NAME	ADDRESS	YEARS ACQUAINTED	BUSINESS
1)				
2)				
3)				

If elected to membership, the first year of membership shall be served on a probationary basis, during which time your application will be reviewed periodically by the membership committee to see if you are performing your duties as expected. At the end of the one year period, having fulfilled your period of probation satisfactorily, you are automatically eligible for membership in the Castle Shannon Fireman's Relief Association.

The undersigned further agree, if elected to membership, to relinquish any and all claims to any property or equipment not belonging to the said organization, or which may be subsequently acquired by it, or to receive any benefits except those prescribed by law, or to become eligible to hold office until after having been a member in good standing for a period of one year from the date of election to membership.

The undersigned agrees to submit to a medical examination and the Department reserves the right to withhold membership if the undersigned fails to pass the examination in accordance with those standards established by insurance companies for life and health and accident insurance purposes and NFPA Standard 1500

I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR MEMBERSHIP REFUSAL TO THE FIRE DEPARTMENT.

APPLICANT SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

DATE: _____