

# GLENDAL Volunteer Fire Department

ENGINE COMPANY NO.1 P.O. Box 179 COALPORT, Pennsylvania 16627

## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Blood Type \_\_\_\_\_

PA Driver's License # \_\_\_\_\_ PA License Codes \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Do you have any physical impairments which could hinder your Fire or EMS work? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you a member of any other Fire or EMS Departments? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Do you have any previous Firefighting or EMS experience? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Have you been convicted of any crimes other than traffic violations?

If yes, please list \_\_\_\_\_

### Contact Person in Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Beneficiary:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(over)

I, \_\_\_\_\_, agree to abide by the Constitution and By-Laws and all rules and regulations as set forth by the Glendale Vol. Fire Department, Engine Co. # 1 and any of its' officers.

If elected into membership, I promise to present myself within sixty (60) days at a regular meeting of the department for obligation to authenticate my membership. Failure to appear will void my membership and that my application fee will be forfeited.

I will be responsible for all equipment and key(s) issued by the department to me and upon leaving, becoming inactive, or dismissed from the department I will return all equipment and key(s), in good conditions, within thirty (30) days or stand on criminal charges and the replacement cost of the said equipment and key(s) and/or any legal fees incurred to recover the costs. I also understand that my signature authorizes the investigating committee to acquire additional information not requested on this application (ie.-- driving record, prior affiliation, back-ground check, etc.)

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parents / Guardian \_\_\_\_\_  
(if Required)

#### Official Use Only

Application by Investigating Committee Approved Date \_\_\_\_\_  
Denied Date \_\_\_\_\_

PA Working Papers (if applicable) \_\_\_\_\_

Parents/Guardian Approval Statement \_\_\_\_\_

Trustees Signature \_\_\_\_\_

Company Ballot: 1st \_\_\_\_\_  
2nd \_\_\_\_\_

I, \_\_\_\_\_ received a copy of the By-Laws \_\_\_\_\_.