

APPLICATION FOR MEMBERSHIP

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE:	SOCIAL SECURITY:		DRIVER'S LICENSE:	
DATE OF BIRTH:		MEMBERSHIP CATEGORY:		
		<input type="radio"/> JUNIOR <input type="radio"/> FIREFIGHTER <input type="radio"/> SOCIAL		

EMERGENCY CONTACT:

FULL NAME:		TELEPHONE:		
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	

EMPLOYER:

COMPANY NAME:		COMPANY TELEPHONE:		
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
CONTACT PERSON:			CONTACT'S TELEPHONE:	

REFERENCES:

(LIST 3 INDIVIDUALS YOU HAVE KNOWN FOR MORE THAN 2 YEARS. DO NOT INCLUDE RELATIVES)

REFERENCE NAME 1:		TELEPHONE:		
FULL ADDRESS:			YEARS KNOWN:	
REFERENCE NAME 2:		TELEPHONE:		
FULL ADDRESS:			YEARS KNOWN:	
REFERENCE NAME 3:		TELEPHONE:		
FULL ADDRESS:			YEARS KNOWN:	

FIRE SERVICE EXPERIENCE:

FIRE/RESCUE/MEDICAL ORGANIZATIONS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER:

PREVIOUS FIRE/RESCUE/MEDICAL EXPERIENCE AND TRAINING:

GENERAL INFORMATION:

DESCRIBE ANY PHYSICAL LIMITATION WHICH MIGHT AFFECT THE PERFORMANCE OF DUTIES ASSOCIATED WITH THIS POSITION:

HAVE YOU RECEIVED THE 'HEPATITIS B' VACCINATION?

 YES NO

IF 'YES', DATE(S) OF VACCINATION:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE PAST 10 YEARS, INCLUDING MOTOR VEHICLE VIOLATIONS? (NOTE: CONVICTIONS WILL BE CONSIDERED ONLY TO THE EXTENT THEY ARE DEEMED RELATED TO THE DUTIES OF MEMBERSHIP).
IF 'YES', EXPLAIN: YES NO

IF YOU INTEND TO BECOME A VOLUNTEER FIREFIGHTER WITH THE SUSQUEHANNA FIRE & RESCUE COMPANY No. 4, INDICATE A BENEFICIARY FOR THE COLUMBIA BOROUGH FIREMAN'S RELIEF ASSOCIATION.

NAME OF BENEFICIARY:

SIGNATURES:

I, THE UNDERSIGNED, DO HEREBY STATE THAT THE AFOREMENTIONED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO GIVE MY CONSENT TO THE SUSQUEHANNA FIRE & RESCUE COMPANY, No. 4 TO INVESTIGATE THE AFOREMENTIONED INFORMATION. I ALSO UNDERSTAND THAT ANY FALSIFICATION MAY BE GROUNDS FOR EXPULSION FROM MEMBERSHIP. I DO HEREBY AUTHORIZE SUSQUEHANNA FIRE & RESCUE COMPANY No. 4 OR ITS DULY AUTHORIZED AGENT TO MAKE COMPLETE INVESTIGATION OF ANY FEDERAL, STATE AND LOCAL MUNICIPAL POLICE RECORDS WHICH MAY EXIST INVOLVING ME.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPONSOR 1

DATE

SIGNATURE OF SPONSOR 2

DATE

**PARENTAL CONSENT IS REQUIRED FOR APPLICANTS UNDER THE AGE OF 18.
ALSO, WORKING PAPERS FROM THE SCHOOL DISTRICT OFFICE MUST ACCOMPANY THIS APPLICATION.****FIRE DEPARTMENT USE ONLY:**

MEMBERSHIP RESOLUTION:

 ACCEPTED REJECTED

DATE OF RESOLUTION:

REASON(S) FOR REJECTION:

REFERENCES CHECKED:

1:

2:

3:

RETURN COMPLETED APPLICATION TO: SUSQUEHANNA FIRE & RESCUE No. 4, PO BOX 426, COLUMBIA, PA 17512-0426