Application For Membership

Applicant must understand that his/her membership is contingent upon the results of a complete background investigation. The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.

Applicant for position of Junior Member must be 16 years of age or older as of the date of application. Junior Members are required to submit working papers prior to them being allowed to be active.

All applicants must agree to these terms and certify that all statements are true to the best of their knowledge.

Your full signature on this application indicates such agreement.

Application must be accompanied with a \$10 non-refundable fee. If the membership is accepted the fee will be for the current year's membership dues.

Application can be mailed or hand delivered to the below address.

Sadsburyville Fire Company No. 1 PO Box 72 Sadsburyville Pennsylvania 19369

Please note it is the responsibility of the applicant to fill out the request for criminal record check and mail it to the Pennsylvania State Police. Upon return of the applicants background check it should be delivered to the Membership Secretary.

Application Section

A. Personal History						
Full Name (first, middle,	last):					
Current Address:						
Telephone #	Cell #			Social Security #		
Date of Birth:	Age:	Sex:				
Emergency Contact:		Phone #:		Cell#:		
B. Area of Interest						
Please indicate which are Social Membership:		EMS:	Fire Police O	fficer:		
If	you are applying for a	Social Membersl	nip please just o	complete <u>SECTIO</u>	<u>N A</u>	
Have you ever been or an organizations name. Also					ation? If so please list the ber.	
Have you ever been suspecircumstances.	ended from any Fire, EM	S or any other em	nergency service	organization?	If so please explain the	
Have you ever had any fit DOCUMENTATION (C		training?	If so what t	ype and where. <u>N(</u>	OTE PLEASE PROVIDE	
Are you able to attend: Country Singo Nights (Every Thu		ay Nights)	Monthly Meetin	ngs (2 nd Tuesday of	Every Month)	

C. Employment			
Name of current employer:			
Address:			
Telephone #			
D. <u>Driving Information</u>			
Are you a licensed driver?S	tateLicense	#	License Class
Driving restrictions:			
Have you had any moving violations in the pas	t 3 years	_ if yes, please ex	plain:
Please provide a copy of your driver	's license and atta	ch with the ap	oplication.
E. Court Record			
Please note that the Sadsburyville Fire Compar	ny requires the applica	nts to provide a P	ennsylvania State Police Criminal Check.
F. Medical History Do you have any past medical illnesses?			
Do you have any allergies? if yes ple	ase list them:		
Are you currently talking any medications?	if yes please l	ist them:	
Are you presently under medical care?	if yes please expla	in	
o you wear glasses / contact? o you have trouble hearing? o you have asthma? o you ever had any heart conditions? o you have high blood pressure? ave you ever had back problems? or you Subject to seizures? or you subject to dizzy spells? or you afraid of heights?			

Are you claustrophobic?

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ccepted into this volunteer organization, I w	vill
Date	
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All Applicants for membership shall be forwarded to the Membership Committee. The Committee will present the application to the general assembly at the next monthly meeting, where the applicant shall be read. A thirty day waiting period will then commence, and the application will be submitted for the final approval by the General Assembly at the next company meeting, following the waiting period pending the completion of a background check.

Annual dues are set in the by-laws and are payable upon notification.