

**Sadsburyville Fire Company No. 1  
24 First Avenue; PO Box 72  
Sadsburyville, Pennsylvania 19369**

**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.

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**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.**

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**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 areas you are interested in:

Social Membership: \_\_\_\_\_ Firefighter: \_\_\_\_\_ EMS: \_\_\_\_\_ Fire Police Officer: \_\_\_\_\_

**If you are applying for a Social Membership please just complete SECTION A**

Have you ever been or are you currently a member of a Fire, EMS, or other emergency service organization? If so please list the organizations name. Also please list any offices that you held and the number of years you were a member.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended from any Fire, EMS or any other emergency service organization? \_\_\_\_\_. If so please explain the circumstances.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any fire, rescue, or ambulance training? \_\_\_\_\_. **If so what type and where. NOTE PLEASE PROVIDE DOCUMENTATION (CERTIFICATES)**

\_\_\_\_\_  
\_\_\_\_\_

Are you able to attend: Company Training (Monday Nights) \_\_\_\_\_ Monthly Meetings (2<sup>nd</sup> Tuesday of Every Month) \_\_\_\_\_  
Bingo Nights (Every Thursday) \_\_\_\_\_

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**C. Employment**

Name of current employer: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

**D. Driving Information**

Are you a licensed driver? \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ License Class \_\_\_\_\_

Driving restrictions: \_\_\_\_\_

Have you had any moving violations in the past 3 years \_\_\_\_\_ if yes, please explain:  
\_\_\_\_\_

**Please provide a copy of your driver's license and attach with the application.**

**E. Court Record**

Please note that the Sadsburyville Fire Company requires the applicants to provide a Pennsylvania State Police Criminal Check.

**F. Medical History**

Do you have any past medical illnesses? \_\_\_\_\_ if yes please list them: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ if yes please list them: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ if yes please list them: \_\_\_\_\_  
\_\_\_\_\_

Are you presently under medical care? \_\_\_\_\_ if yes please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you wear glasses / contact? \_\_\_\_\_  
Do you have trouble hearing? \_\_\_\_\_  
Do you have asthma? \_\_\_\_\_  
Have you ever had any heart conditions? \_\_\_\_\_  
Do you have high blood pressure? \_\_\_\_\_  
Have you ever had back problems? \_\_\_\_\_  
Are you Subject to seizures? \_\_\_\_\_  
Are you subject to dizzy spells? \_\_\_\_\_  
Are you afraid of heights? \_\_\_\_\_  
Are you claustrophobic? \_\_\_\_\_

If so please explain \_\_\_\_\_  
If so please explain \_\_\_\_\_

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Is there any work that you cannot perform for any physical / medical reason? \_\_\_\_\_

\_\_\_\_\_

Is there any additional medical history you would like to add about your self? \_\_\_\_\_

**G. References**

Please list the name, phone number and relationship of two references we may contact in reference to your membership.

1. \_\_\_\_\_

2. \_\_\_\_\_

**I understand that the goal of the Sadsburyville Fire Company is to protect the lives and property of the surrounding community, with no compensations for my services. I promise that if I am accepted into this volunteer organization, I will abide by the rules and regulations of the Company and work with my fellow Firefighters and Officers for the welfare of the community.**

**Sponsor's Signature (need two)**

**Date**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicants Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**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.**