

Union Volunteer Fire Company
PO Box 132
Felton PA 17322
Application for Membership

Personal Information:

Name: _____

Address: _____

Telephone Number: _____ Second phone number: _____

Date of Birth: _____ Social Security Number: _____

Name and phone of Employer and/or School:

How would you like to contribute to the Union Volunteer Fire Company?

Firefighter Fire Police Social Member EMS

Past Membership:

Have you ever been a member of another fire company or ambulance? Yes / No

If so when and where: _____

May we contact them? Yes / No

If no, please provide a reason why? _____

PLEASE PROVIDE COPIES OF ALL TRAINING COURSES COMPLETED

Medical Information:

Please list all medical information that may be critical if needed in emergency situations
(Allergies, medications, medical conditions, etc. **Attach separate paper if needed.**)

In case of an emergency please list contact information for people to be notified:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

References/Background:

Please list three references other than family and phone numbers:

Have you ever been convicted of a felony and/or misdemeanor? Yes / No

If yes, please list the charge, date, County/State: _____

A valid driver's license/ID is required:

State of Issue: _____ Driver's license number/ID: _____

Classification: _____ Expiration date: _____

The following items must be completed by the person applying for volunteer employment by the Union Volunteer Fire Company - **Criminal background and child line clearance forms**. The applicant must then send the forms to the appropriate addresses with the necessary fees. When the applicant receives the results the application along with a copy of the results may be turned into the Union Volunteer Fire Company for review for membership.

The applicant may turn in the fire company application prior to submitting the clearance forms to allow for the fire company to the pre-approval process.

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FOR FIRE COMPANY USE ONLY

Application received date: _____

Background completion date received: _____

Child line and abuse registry date received: _____

Pre-investigation completed date: _____

Approved – Rejected

Rejection reason: _____

Probation start date: _____ Probation end date: _____

Member signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____