

Parkesburg Fire Company No. 1

329 West First Avenue, Parkesburg, PA 19365 (610) 857-3232

Membership Application

(Please print ALL information)

Name _____

Address _____

Home Phone (_____) _____ Age _____ DOB ____/____/____

Cell Phone (_____) _____ Social Security Number - ____ - ____ - ____

Are you applying for a **supporting membership** (fill in Section A only)? **Yes** **No**

Are you applying for an **active membership** (fill in Sections A and B)? **Yes** **No**

Section A

Employer _____

Address _____

Work Phone _____ Supervisor's Name _____

Names of two current members of Parkesburg Fire Company No. 1 making the recommendation for membership:

Name _____ Name _____

Section B

1. Do you reside in the first run district of the Parkesburg Fire Company? **Yes** **No**

2. List firefighting certifications held:

3. If certified as one of the following, provide your certification number.

First Responder _____

EMT _____

Paramedic _____

4. What position are you seeking in this organization? **Firefighter** **Fire Police** **EMS**
5. Have you ever been a member of this or any other fire company? **Yes** **No**

If yes, provide the following information:

Company _____
 Years Served _____
 Position(s) Held _____

Company _____
 Years Served _____
 Position(s) Held _____

6. Were you ever suspended from another fire company? **Yes** **No**

If yes, explain:

7. Can you attend company training and monthly meetings on a regular basis (currently Mondays from 7 – 9 p.m.)? **Yes** **No**

Note: Applicants having no previous experience are **REQUIRED** to attend training sessions. It is for the safety of the individual as well as his or her fellow crewmembers. This regulation is strictly enforced.

8. Do you have hobbies, interests, or other training that may benefit the company? **Yes** **No**

If yes, please explain: _____

I understand the mission of the Parkesburg Fire Company No. 1 is to protect the lives and property of the surrounding community, with no compensation for my services. If accepted into this volunteer organization, I promise to do my best to abide by the rules and regulations of the Company and work with my fellow volunteers and officers for the betterment and welfare of the community.

I _____, agree that the information provided is true to the best of my knowledge. I understand this information and the findings of the investigative committee may be made known to the voting membership for approval. I further understand that applicants must be approved prior to ANY active or social activities.

 Applicant's Signature

PA Driver's License No: _____ Type and/or Endorsements _____

Date of Application: _____

For official use only

Approved _____ Denied _____ Date: _____ \$ _____ Dues
 Received/Returned