

Membership Application

Fairview Township Fire Department

(Please Print or Type Information)

Name: _____

Address: _____
House # Street Apt/Lot# City State Zip Code

Email Address: _____

Phone #: _____ Home Cell **Date of Birth:** _____

Age: _____ **Driver License:** _____ **Social Security:** _____

Occupation: _____ **Work Phone:** _____

Employed By: _____

Employer's Address: _____

Reason(s) for wanting to join the department

- Help with fund raising activities** (chicken bbq, etc)
- Firefighting and rescue**
- Apparatus Driver**
- Fire Police**
- Administrative Interest** (Non-firefighting duties)
- Junior Member** (Members under the age of 18 or still in high school)
- Other, please specify:** _____

Special Skills (list any skills or training which could be helpful. Administrative, mechanical, electronic, firefighting, etc.) _____

Are you, or have you ever, been a member of another Fire Department? Yes No
If yes, please give name(s) and telephone #(s): _____

Do you have any medical restrictions or disabilities which would require us to make a reasonable accommodation for you to perform the duties requested? Yes No
If yes, please explain: _____

Do you have any arrest or violations? (Including all driving violations): Yes No
If yes, please list: _____

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List 3 references; include address and telephone #, (No relatives please)

- 1. _____

- 2. _____

- 3. _____

Signature of Proposed Member: _____ **Date:** _____

Signature of Sponsoring Member: _____ **Date:** _____

Printed Name of Sponsor: _____

(Note: Sponsoring Member must be considered active)

I, _____ hereby request the Pennsylvania Department of Transportation to furnish Fairview Township (York County) a copy of my driver record and give the Fairview Township Fire Department Vigilance Committee permission to perform a background check.

X _____
Signature Date

Please attach ten dollars (\$10.00) to this application for your background check. Make checks payable to: Fairview Township Fire Department

Parent or Legal Guardian Consent Statement

(To be filled out for those under 18 years of age. Also, please attach a copy of your working papers)

I, _____ hereby give consent for
 (Print name and your relationship to the applicant)

_____ **to become a member of the Fairview Township Fire Department.**
 (Print name of applicant)

Signature: _____
(Signature of parent or guardian)

Date: _____

Vigilance Committee Recommendation: **Favorable** **Not Favorable**

Additional Comments/Information:
