



FIVEPOINTVILLE FIRE COMPANY  
1087 DRY TAVERN ROAD  
DENVER PA, 17517  
PHONE: 717-445-4933

## MEMBERSHIP APPLICATION

Please select the following Application type.

Active Firefighter  Social Member (Fundraising)  Junior Member (Working Papers Required)

Name First: \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

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

Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_ft. \_\_\_\_In. Weight \_\_\_\_\_ Lbs. Age \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Social Security Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Marital Status ( ) Single ( ) Married Number of Children \_\_\_\_\_ Driver's License#

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

State of license issued \_\_\_\_\_

List acquaintances and or relatives whom are current members of Fivepointville Fire Co.

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

### Employment

Company \_\_\_\_\_ Co.

Address \_\_\_\_\_

Position \_\_\_\_\_ Work

Hours \_\_\_\_\_

Are you available for response during work hours? ( ) Yes ( ) No ( ) Periodically

Family Doctor: \_\_\_\_\_ Hospital:

In Emergency Notify Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Experience (Skip this section if Social Member Application)

Was/are you a member of another fire company? ( ) Yes ( ) No

If (Yes) then list Companies

Rank Served \_\_\_\_\_ # of years Served \_\_\_\_\_ Active now? ( ) Yes ( ) No

List any training

Physical Check if restricted ( ) Hearing ( ) Vision ( ) Speech ( ) Heart ( ) Hypertension ( ) other

Blood Type \_\_\_\_\_ Have you had Hepatitis B Shots ( ) Yes ( ) No, If yes when \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEMBERSHIP APPLICATION**

**Junior Member Applicate**

I have read and fully understand the standard Operation Procedures, Currently in effect in The Fivepointville Fire Co.

(Jr member Signed) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent or Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Active Member Applicate**

I have read and fully understand the Standard Operating Procedures, currently in effect in the Fivepointville Fire Co.

(Signed) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**All Member Applicate (Junior, Social, Active Firefighter)**

*I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for rejection. \$1.00 Must accompany this completed application.*

(Signed) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I Authorize Fivepointville Fire Company to obtain from the Pennsylvania State Police., all, if any criminal records for consideration in accepting this application only.*

(Signed) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Due to Hipaa Laws and or confidentiality this application will be kept in the applicant Personal File stored on the property on the Fivepointville Fire Company.*

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**Officers Only**

**Background check cleared with no finding ( ) Yes ( ) No      Junior Applicant working Papers ( ) Yes ( ) No**

**Assistant Secretary Treasurer \_\_\_\_\_**

**President \_\_\_\_\_**

**Date of first reading of Applicants name during a regular company meeting \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Date of Completed background check \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Date of applicant's acceptance into the Fivepointville Fire Company \_\_\_\_/\_\_\_\_/\_\_\_\_**