Mt Zion Bicentennial Volunteer Fire Company

Membership Application

Please print all information and complete the application in full

Date:_____

Type of Member: _____Fire Fighter _____Social Member _____Junior Fire Fighter

Name:

_____

Last First Middle Suffix

Address:

_____

Street City State Zip

Phone: Home: _____ Cell:_____

Date of Birth:_____ Age:_____ Sex: _____Male _____Female

Driver's License #:_____ State:_____ Exp:_____ Class:_____

Emergency Contact Information

Name:

_____

Last First Middle Suffix

Address:

_____

Street City State Zip

Relationship:_____ Phone Number:_____

1394 Mt Zion Road, Harding, PA 18643 (570) 388-6266

Mt Zion Bicentennial Volunteer Fire Company

Medical Information

This information will help with Mt Zion regarding and duties, training, or family needs if selected as a member.

Please list any disabilities/illnesses. If none, print "None."

_____

_____

_____

Criminal History

Have you ever been arrested and/or convicted of a crime? _____Yes _____No

If yes, please specify the charge(s), date(s), and location(s) of crime(s):

_____

_____

_____

Emergency Services Information

Have you every been a member of another Emergency Services Organization? _____Yes _____No

If yes, please provide name(s) of organization(s) and years:

_____

_____

_____

May we contact the organization(s) you have listed? _____Yes _____No

List any training, certifications, and experiences relative to emergency services (please attach a copy of certificates to application):

_____

_____

_____

_____

Mt Zion Bicentennial Volunteer Fire Company

Your application must include the initiation fee of $10.00. This initial fee will be applied towards your first year of dues and a fire company patch. Junior Fire Fighters (under 18 years of age) must have the consent of a parent or guardian and a present copy of any working papers.

Consent of Parent/Guardian

I, _____, being the parent/guardian of the above named minor do hereby grant my permission to have said minor join the Mt Zion Bicentennial Volunteer Fire Company.

Signature of parent/guardian: _____

If I am accepted as a member of the Mt Zion Bicentennial Volunteer Fire Company, I will agree to abide by all the rules and by-laws of the Company and will obey all lawful orders given by the Company officers. I understand that there will be a probationary period of ninety (90) days after being accepted into the Company, during which I may be asked to leave the Company at the sole discretion of any duly appointed or elected officer.

_____ _____

Print Name Signature

Receipt of By-laws

I,_____(print name), on _____ (date), hereby acknowledge receipt of a copy of the Mt Zion Bicentennial Volunteer Fire Company by-laws and do hereby agree to be bound by them and will abide by all the rules and regulations of the Company. If I decide to resign from the Company, I understand that I must immediately return my copy of the by-laws and all Company owned equipment and gear.

_____ _____

Witness Signature

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Official Use Only

Vote Determination: _____Yes _____No

Date member was approved/disapproved: _____

Date member resigned: _____

Payment Information:

Date Paid:_____

Amount: _____

Check:_____ Cash:_____

Check #:_____

Background Check Information

Date Completed: _____

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