

Springdale Volunteer Fire Department
Application for Membership

Name: _____ Age: ____ Date of Birth: __/__/____
Address: _____ Telephone Number: (____) ____-____
City: _____ State: ____ Zip: _____
Driver License #: _____ Restrictions: _____ Issued Date: _____
Social Security Number: _xxx_-xx-_____
Marital Status: (Place an "x") Single: __ Married: __ Number of Children: ____

Position Applying For: (Place an "x")

Active First Responder: __ Active Member: __ Junior: __

Referred By: (Place an "x") Walk-in: __ Member: __
Name of referring member: _____

Employment Information: Employed? (Place an "x") Yes: __ No: __
Employer Name: _____
Employer Address: _____ Employer Phone: (____) ____-____
City: _____ State: ____ Zip: _____

Military Service: (Place an "x") None: __ Active Reserves: Yes: __ No: __
Branch: _____ Years of Service: ____

Criminal History: (Place an "x") No: __ Yes: __ If "Yes," complete below:
Briefly list all criminal convictions including date(s), location(s), charges(s), and
dispositions:

** If additional space is needed, use separate sheet of paper. **

Prior Fire Service: (Place an "x") Yes: __ No: __ If "Yes," complete below:
Fire Department: _____
Fire Chief: _____ Fire Department Phone: (____) ____-____
Fire Department Address: _____
City: _____ State: ____ Zip: _____
Years of Service: ____ Offices held: _____
Training: (Attach copies of certificates)

** If additional space is needed, use a separate sheet of paper, **

Continued on next page

Please answer the following questions: *(Place an "x")*

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1. Are you an unlawful user or addicted to intoxicating liquors or a depressant, stimulant, or narcotic drug? Yes: No:
 2. Are you affiliated with any groups whose policies or activities are subversive to the form of government in the constitution and laws of The United States or the Commonwealth of Pennsylvania? Yes: No:
 3. Are you a person who, having been a citizen of the United States, has renounced your citizenship? Yes: No:
 4. Do you know that you must receive firefighting training and produce a county or state certificate in essentials of firefighting within one year? Yes: No:
 5. Do you know that you may be asked to take a drug test before being accepted as a member, do you realize that failure to take a drug test or failure of the test, your application will be rejected? (Drug test will be paid for by the fire department) Yes: No:
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I certify that the statements made by me on this application are true and complete. I understand that a false statement(s) on my application shall be considered sufficient cause for rejection of my application for membership. I also understand that if accepted, any information later determined to be false shall result in my expulsion from the fire department.

I do hereby authorize the Springdale Volunteer Fire Department to conduct any investigation into the material presented herein.

Signature of Applicant: _____

Date signed: ___/___/_____

**** Juniors must fill out last page. ****

Release

Now, Therefore, We, the undersigned Parent(s) or Guardian(s) of the said undersigned applicant, aged less than eighteen (18), in consideration of the acceptance of the undersigned applicant to membership as a volunteer fire fighter in the Springdale Volunteer Fire Department, the rights and privileges entitled to be enjoyed thereby and intending to be legally bound thereby, do hereby accept and assume the hazards incident to the activities and obligations as a member of the said Springdale Volunteer Fire Department, and so hereby exempt and release said Springdale Volunteer Fire Department from all claims for injuries and/or damages, except to the extent that insurance coverage is provided for such injuries and/or damages, sustained by the undersigned applicant as a volunteer fire fighter in the service of the said Springdale Volunteer Fire Department, it being understood that this exemption and release is and shall be binding upon my (our) respective heirs, executors, administrators, and assigns.

Signature of Applicant: _____
Print Name of Applicant: _____
Date Signed: ____/____/____

Signature of Parent or Guardian: _____
Print Name of Parent of Guardian: _____
Date Signed: ____/____/____