

PLEASANT GAP FIRE CO. NO. 1, INC.

APPLICATION FOR _____ ACTIVE _____ ASSOCIATED _____ JUNIOR MEMBERSHIP

Name: _____ Social Security #: _____ N/A

Address: _____

PA Driver's License #: _____ Home Phone #: _____ Cell #: _____

Previous Address: _____

Are you a resident of Pleasant Gap? _____ If not, where? _____

Length of Residence: _____ Occupation: _____

Employer: _____ How long employed? _____

Presently belong to another Fire Co. or Ambulance Service? _____ If yes, Where? _____

Have you ever belonged to another Fire Co. or Ambulance Services? _____ When? _____ Where? _____

Reason no longer belong? _____

Do you have any physical defects or ailments? _____ If yes, explain _____

Have you ever been convicted of a crime? _____ If yes, explain _____

Will you attend training sessions designated by the Fire Co.? _____

Are you willing to: Make Fire Runs? _____ Ambulance Runs? _____ Help with fundraising activities? _____

Do you currently hold any Fire, First Aid, EMT, etc. certifications? _____ If yes, What? _____

References: (Not Family Members)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Following Information for Medical and Insurance purposes:

Birth date: _____ Birth Place: _____ Married: _____ Number of Dependents: _____

Beneficiary: _____ Relationship: _____

NOTE: Applicant acknowledges that he or she is fully aware of the duties and inherent danger in Fire Department Operations. If requested, applicant will provide a copy of a medical examination which was completed within the past twelve months. I acknowledge that I have read and understand the "Notice to Applicant for Membership in Pleasant Gap Fire Co. No. 1."

Date: _____ Signature of Applicant: _____

Vigilance/Membership Committee: () Accepted () Rejected

Date Read at Meeting: _____ Date Sworn In: _____