

# *Muncy Area Volunteer Fire Company*

*35 South Main Street, Muncy PA 17756*

*Station: (570)5463000 Fax: (570)546-3307*

*Email : info@station 39.net*

## Application for Adult Membership

**Active :** \_\_\_\_\_

**Associate :** \_\_\_\_\_

**Live In :** \_\_\_\_\_

Date: \_\_\_\_\_

Please print or type all information

### **A. General Information**

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

4. E-mail address: \_\_\_\_\_

### **B. Background Information**

1. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

3. Highest level of education completed: \_\_\_\_\_

4. Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ # of Children: \_\_\_\_\_

5. Present Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_

# of years at this employment: \_\_\_\_\_ Present Supervisor: \_\_\_\_\_

What shift do you work? \_\_\_\_\_ Work Telephone: \_\_\_\_\_

6. May the fire company contact your employer, references, or any other organization that you have listed regarding you character? Yes : \_\_\_\_\_ No : \_\_\_\_\_

If No, explain why not : \_\_\_\_\_

\_\_\_\_\_

7. What hobbies do you enjoy? \_\_\_\_\_

\_\_\_\_\_

8. Have you been convicted of a crime in the last 5 years? Yes : \_\_\_\_\_ No : \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

9. Do you currently, or have you previously belonged to another Fire / Rescue / EMS Department?

Yes : \_\_\_\_\_ No : \_\_\_\_\_

If yes, please list and explain status: \_\_\_\_\_

\_\_\_\_\_

10. Have you ever been dismissed or rejected of any other organization related to the fire / EMS service? Yes : \_\_\_\_\_ No : \_\_\_\_\_

If yes, please list and explain status: \_\_\_\_\_

\_\_\_\_\_

**C. Health Information** (A health information sheet will be required upon obtaining membership)

1. Do you have any health and / or physical limitations that would interfere with your ability to perform strenuous physical activities? Yes : \_\_\_\_\_ No : \_\_\_\_\_

If yes, please list and explain status: \_\_\_\_\_

\_\_\_\_\_

2. Are you currently taking any medications? \_\_\_\_\_

3. Do you wear corrective lenses? \_\_\_\_\_ Blood Type: \_\_\_\_\_

4. Do you have a family physician? \_\_\_\_\_

5. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Telephone # : \_\_\_\_\_

Cell Number # : \_\_\_\_\_

**D. Activity Information**

1. Which activities within our department are you interested in participating? ( check all that apply )

\_\_\_\_\_ Firefighting                \_\_\_\_\_ Rescue                \_\_\_\_\_ Ambulance  
 \_\_\_\_\_ Fundraising / Social        \_\_\_\_\_ Fire Police        \_\_\_\_\_ Engineer / Driver  
 \_\_\_\_\_ Administrative

**E. References :** List Two ( 2 ) references that the fire company may contact:

A.    Name \_\_\_\_\_ Phone \_\_\_\_\_  
       Address \_\_\_\_\_ Affiliation \_\_\_\_\_  
  
 B.    Name \_\_\_\_\_ Phone \_\_\_\_\_  
       Address \_\_\_\_\_ Affiliation \_\_\_\_\_

The Muncy Area Volunteer Fire Company is a volunteer organization and does not discriminate against race, color, creed, sex, or religion. Application for probationary membership will be determined by prior experience, criminal background check, driver's license history, residential proximity to the station and the current needs and wants of the present membership. Applicants will accept the outcome of probationary membership application results without malice or prejudice.

Application will be turned in along with a completed Request for Criminal Record Check form #SP 4-164 ( 7-2009) and a completed Pennsylvania Child Abuse History Clearance Form #CY 113 ( 12/99 ).

I have read, understand, and accept the above stipulation of this application.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

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Recommended By : 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Date Application was Received : \_\_\_\_\_

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Investigation Committee : 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Date Interviewed : \_\_\_\_\_

Comments : \_\_\_\_\_  
 \_\_\_\_\_

Date Applicant was accepted : \_\_\_\_\_

Date Probationary Membership started : \_\_\_\_\_

Date Active Membership started : \_\_\_\_\_

Date Associate Membership Started : \_\_\_\_\_

Date Live In Membership Started : \_\_\_\_\_

Signature for approval by the Live In Committee :

\_\_\_\_\_ DATE : \_\_\_\_\_

\_\_\_\_\_ DATE : \_\_\_\_\_

\_\_\_\_\_ DATE : \_\_\_\_\_

\_\_\_\_\_ DATE : \_\_\_\_\_