



North Hopewell~Winterstown Volunteer Fire Company
12246 Winterstown Rd, Felton, PA 17322
717~244~0138



MEMBERSHIP APPLICATION

Name: _____ Phone Number: _____

Address: _____

Social Security #: _____ Sex: M F Birthdate: _____

Employer: _____ Occupation: _____

Please check one of the following:

- *Active Member ~ A member who is active in firefighting, fire police or medical areas.
- *Social Member ~ A member who participates in fire company fundraisers, sales, etc.

Do you have any medical conditions? (Explain): _____

Are you a licensed driver? _____ If yes, have you been convicted of any moving violations within the last two years? _____ (If yes, explain): _____

Driver's license class: _____ Driver's License #: _____

Do you have any previous fire and/or ambulance training? Yes No If Yes, list below:

<u>COURSE</u>	<u>WHERE COURSE WAS TAKEN</u>	<u>DATE COMPLETED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List any additional courses on a separate sheet of paper.

Have you been or are you a member of another fire company? Yes No

If so, which company? _____ Please list any officer's of that company that we may call for references. _____

How many consecutive years have you lived in the state of Pennsylvania? _____

Have you ever been convicted of a misdemeanor or felony? If yes, disposition _____

List two character references (A person known for at least two years)

1. Name: _____ Phone: _____
 Address: _____
2. Name: _____ Phone: _____
 Address: _____

Person to call in case of an emergency: _____

Phone #: _____ Address: _____

JUNIOR MEMBERS

If you are under the age of eighteen, as of the date of this application, you must have a parent/guardian sign.

Parent/Guardian Signature: _____

Relationship: _____

A work permit is required and a copy must be submitted with your application. (This permit can be obtained at school.)

ALL MEMBERS MUST SIGN BELOW

Please read and sign: I understand the above to be true to the best of my knowledge and that any falsification could result in the cancellation of my application or if approved for membership, the termination of such membership.

SIGNED: _____ DATE: _____

NOTE: A non-refundable fee of \$10.00 will be required to process membership application. It must be paid at the time application is submitted. Potential members are urged to attend a fire company meeting (held every second Monday of each month) to meet members. Potential member must be present at the time application is voted on.

ADMINISTRATIVE USE ONLY

\$10 Fee PD: Yes No Cash Check

Date Background Check Started: _____ Background Check Completed: Yes No

Date of Completion: _____ Cleared: Yes No

Fingerprinted: Yes No

Date of meeting that application was discussed: _____

Applicant Present: Yes No Vote (#) _____ for _____ against