



Friendship Fire Company #1 of Geigertown - Membership Application

Personal Information

Name: _____
Last First Middle

Address: _____
Street City State

Home Phone: _____ Cell/Work: _____

Email: _____ SSN: _____

Birth Date: ___ / ___ / ___

Do you have a valid PA drivers license? Yes No

Drivers License Number: _____ Expiration: ___ / ___ / ___

Employment

Are you currently employed? Yes No

If employed:

Employer: _____

Title: _____ Work Phone: _____

References – List three people not related to you:

Name: _____ Phone: _____ Yrs Known: _____

Name: _____ Phone: _____ Yrs Known: _____

Name: _____ Phone: _____ Yrs Known: _____

Firefighting Experience

Have you ever been a member of a fire department? Yes No

If yes, where, and how long were you a member?

List all Fire/EMS training and certifications below:

(Please supply copies of certificates you have received)

Emergency Information

In case of emergency, notify:

Name	Phone Number	Relationship
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Declaration

I DECLARE MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT OR SUBSTANTIAL OMISSION OF FACT MAY BE CAUSE FOR NOT CONSIDERING ME FOR MEMBERSHIP OR MAY BE CAUSE FOR DISCHARGE. I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE ON THIS APPLICATION AS WELL AS A FULL BACKGROUND CHECK AND WAIVE ALL CLAIMS AGAINST THE FRIENDSHIP FIRE CO. #1 OF GEIGERTOWN AND ALL INDIVIDUAL PARTIES FOR DAMAGES WHICH MIGHT OCCUR BY REASON OF SUCH INVESTIGATION.

Signature

Date

*Please enclose \$5.00 (checks payable to Friendship Fire Co #1 of Geigertown)

*You may either mail application or drop it off at the station

Mail to: FFC#1 of Geigertown, Attn: Membership P.O. Box 209 – Geigertown, PA 19523

*Our work nights are held every Monday evening starting at 7pm

*Meetings are held on the second Tuesday of each month at 8pm

*Upon completion of any investigations, membership will be proposed at next monthly meeting. Membership will be voted on at the following monthly meeting