



APPLICATION FOR MEMBERSHIP

Please Note: All applications will be subject to a criminal and child abuse background check. A \$10.00 application fee is due at the time application is turned in. Yearly Membership dues are \$10.00, and are due by March monthly company meeting.

TYPE OF MEMBERSHIP ARE APPLYING FOR

Junior- Members 14-17 years old

Active- Members living and working in the First Due Area*

Social- Members NOT living or working in the First Due Area*

*First Due Area means Heidlersburg Fire Company is the first fire company that would be called for the address in which you reside or work.

Who referred you to Heidlersburg Fire Company?

Today's Date:

NAME AND ADDRESS OF APPLICANT

Name:

Date of Birth:

Address:

City: State: Zip:

Phone:

Email:



EMPLOYMENT

Employer Name:

Address:

City: State: Zip:

Code:

Supervisor Name:

Phone:

Job Title:

Are you able to leave work on calls? Yes No

EDUCATION

High School Name:

Address:

City: State: Zip:

Code:

Highest Level Completed:

Any further education, ie. college/trade school, ect.? Yes No

If so, please list below:

TRAINING

Please list any training attended or certified in, along with dates (i.e., hazmat, emt, ect.). If you need extra space, please attach another piece of paper to this application.



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DRIVER'S LICENCE INFORMATION

Do you have a current drivers licence? Yes No State Issued: Class: Endorsements:

What area of Heidlersburg Fire Company are you interested in helping with?

Firefighting EMS Fire Police Events/Kitchen

GOALS

Please state why you are wishing to join Heidlersburg Fire Company and briefly list your goals?

PREVIOUS INVOLVEMENT

Do you now or have you ever belonged to another fire company? Yes No. If yes, please list the following:

Company Name:

Supervisor's Name and Title: (Chief, Captain, etc.)

Company Name:

Supervisor's Name and Title: (Chief, Captain, etc.)

Have you ever been suspended from another fire company? Yes No.

If yes, why?



REFERENCES

Please list two personal references (No family or current Heidlersburg Fire Company members. *Please Note: References will be checked.*)

Name:

Name:

Address:

Address:

City:

State:

Zip:

City:

State:

Zip:

Phone:

Phone:

Email:

Email:

How do you know this person?

How do you know this person?

HEALTH HISTORY/ EMERGENCY CONTACTS:

Do you have any allergies? Yes No.

If yes, please list

Do you have any medical conditions we should know about in the event of an emergency (asthma, diabetes, heart issues, ect.)? Yes No.

If yes, please list

Who should we notify in case of an emergency?

Telephone Number:

Your Relationship to this person?