

BEN AVON VOLUNTEER FIRE COMPANY
7219 Church Avenue
Ben Avon, PA

APPLICATION FOR MEMBERSHIP

To be filled out by
Membership Committee

Date Received: _____

Date Interviewed: _____

Date Presented: _____

Date Accepted: _____

Probation completion
date: _____

Full Name: _____

Address: _____

Telephone Number: _____ Date of Birth _____

Social Security Number: _____

Driver's License Number: _____

Employer's Name: _____

Job Description: _____

Next of Kin: _____ Relationship: _____ Phone: _____

1. Physical Health (list any handicaps, deformities, or chronic diseases that would interfere with your ability to perform **heavy physical** firefighting functions:

2. List any special skills or training that may be useful to the Fire Department: _____

3. If you have previously belonged to any other Fire Company(ies)/Departments(s), please give all the Company's (ies)/Department's (s') name, location, years of service, and any position held: _____

4. List any special interest you have related to the fire service: _____

5. Have you ever pled guilty, pled *nolo contendere*, served probation for any misdemeanor and/or felony: Yes: _____ No: _____ If yes, explain: _____

6. References (name, address, and telephone number):

Fire Co. /Dept: (a) _____

(b) _____

(c) _____

Past Employers: (a) _____

(b) _____

(c) _____

I understand any false statements made on this application shall result in rejection of this application. If at any time following acceptance to Membership false statements are found, it will lead to immediate dismissal from the Ben Avon Volunteer Fire Company. I swear the statements made by me are true and accurate. I agree the Membership Committee has my permission to verify all information, perform a criminal background check, contact my prior and present employers, and all prior Fire Company (ies)/Department(s) where I was a Member.

Applicant's Signature

Date