WHITAKER VOL FIRE CO. 293

Application

239 Church St, Whitaker PA 15120
www.whitakervfc.org
Station: 412-461-9164 | Emergency: 911

Last Name | **First Name** | **MI** | **Jr/Sr** | **Application Date**

Address | **DOB (D/M/Y)** | **Marital Status**

City | **State** | **Zip** | **DL Number/State** | **CDL Number/State**

SSN | **Telephone Number: Residence** | **Telephone Number: Cell**

EMERGENCY CONTACT

Last Name | **First Name** | **Relationship**

Address | **City** | **State** | **Zip**

Telephone Number: Residence | **Telephone Number: Cell**

SPONSORED BY:

(Must be signed by three active or life members)

Typed Name | **Typed Name** | **Typed Name**

Signed Name | **Signed Name** | **Signed Name**

I declare that the above information is true and complete to the best of my knowledge. I authorize the Membership Committee to review criminal background checks and Motor Vehicle Reports for use during the applications and probationary period. I understand that if any part of this application is found to be false, my application will be rejected and I will not be able to reapply for membership to this organization. I also agree, upon acceptance into the membership, to abide by the Constitution and By-Laws and to obtain all training needed to remain a member in good standing with this organization.

I understand:

- ☐ A twenty dollar ($20.00) application fee is required (Junior and Associate Members Exempted).
- ☐ A criminal background check must accompany application.
- ☐ Attach applicable training and certifications to application.
- ☐ Application for Junior Firefighter must be accompanied by Work Permit.

Signature of Applicant | **Signature of Parent or Guardian for Junior Firefighter** | **Date**

Company Use Only

Application as: ☐ **Active Member** ☐ **Junior Member** ☐ **Associate Member**

Date of Review: | **Date of Committee:**

Accepted: ☐ **Yes** ☐ **No** | **Date application voted on:**

PRINT