

# APPLICATION FOR MEMBERSHIP

West Pennsboro Volunteer Fire Department  
20 Park Rd / PO Box 121  
Plainfield, Pa 17081  
(717) 243-1234

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SS# \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ LENGTH of EMPLOYMENT \_\_\_\_\_

OPERATORS or DRIVERS LICENSE# \_\_\_\_\_ CLASS \_\_\_\_\_

LIST ANY OTHER RESPONSE UNITS YOU ARE NOW or HAVE BEEN AFFILIATED WITH (and when) \_\_\_\_\_

LIST ANY FORMAL TRAINING YOU HAVE (Med or other) \_\_\_\_\_

LIST ANY DISABILITIES \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDS \_\_\_\_\_

EMERGENCY CONTACT PERSON (Name, Phone, Address, Relationship) \_\_\_\_\_

REFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_

REFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_

WHY DO YOU HAVE INTEREST IN JOINING THIS COMPANY? \_\_\_\_\_

**NOTE:** Membership applications require a ten dollar (\$10) non-refundable application fee and will be forwarded to the Investigating Committee at the next membership meeting (2nd Wednesday of every month).