



Lehigh Township Volunteer Fire Co., No. 1

Protecting the Life, Safety and Welfare of Our Fellow Citizens

Cherryville, Pennsylvania 18035

MEMBERSHIP APPLICATION

Please complete all sections of this application by providing as much information as possible. Completed applications along with \$20.00 application fee should be given to an officer of the fire company.

Lehigh Township Volunteer Fire Co., No. 1 does not discriminate against any individual on the basis of race, age, color, religion, sex, national origin, ancestry, non-job related handicap or disability in the program or activities it conducts.

TYPE OF MEMEBERSHIP

Which membership type do you have an interest in pursuing?

- Fire Duty
 Fire Police
 Fundraising
 Junior (Ages 14 – 18)
 QRS

PERSONAL INFORMATION

Full Legal Name (Last, Middle, First)		Date of Birth (m/d/yyyy)	Social Security Number	
Physical Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Home #	Cell #	Email Address		
Other Names Used/Maiden Name/Dates				
Drivers License #		State	Expiration Date	Type/Class

EMERGENCY CONTACT INFORMATION *(in case of accident and/or injury)*

Primary Contact			Secondary Contact		
Name (Last, Middle, First)			Name (Last, Middle, First)		
Address			Address		
City, State, Zip Code			City, State, Zip Code		
Home #	Cell #	Work #	Home #	Cell #	Work #

PARENTS or LEGAL GUARDIAN (for applicants under age 18)

Name (Last, Middle, First)				
Address		City	State	Zip Code
Home #	Cell #	Work #	Email Address	

EMPLOYMENT

Current Employer				
Address		City	State	Zip Code
Length of Time	Position Held		Business #	

EDUCATION

High School/GED	City/State	Curriculum	Grade Completed
College/Business/Trade School	City/State	Field of Study	Degree Earned?
Graduate/Professional	City/State	Field of Study	Degree Earned?

MILITARY

Have you ever been in the Armed Forces?	Branch of Service	How Many Years?	Date/Type Discharge
List specialized training -			

CRIMINAL HISTORY

Have you ever been convicted of a Felony or Misdemeanor including moving traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to the criminal history questions, explain in detail below (use additional sheet of paper if necessary):		

FIRE ORGANIZATION & EMERGENCY MEDICAL SERVICE EXPERIENCE

List current or previous fire organization membership and fire fighting training with dates:

Organization:	Length of Time:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	Length of Time:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	Length of Time:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	

List any Emergency Service Training or Certification(s) you have that would benefit our department:

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):

Please tell us why you would like to become a member of the Lehigh Township Volunteer Fire Company.

REFERENCES

Please list three character references:

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

FOR LTVFC DEPARTMENT USE ONLY

Date Application Received:			
Application Received & Reviewed By:			
Application Fee Received:	Amount: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Application Fee Received By:			
Background Check Conducted:			
Background Check Results / Date:			
Police Record:			
References Checked By:			
Recommended for Membership:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date Presented for Vote:			
Body Decision:	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	
Notified By / Date:			



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Statement of Application & Authorization

- I hereby make application to become a member of the Lehigh Township Volunteer Fire Company #1.
- I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of any or all statements contained in this application. I understand that false, misleading, or incomplete statements to any of the foregoing herein under the law, constitutes perjury and the detection of such falsity will result in immediate rejection of this application for membership or immediate dismissal from the Lehigh Township Volunteer Fire Company #1.
- I hereby understand that the Lehigh Township Volunteer Fire Company #1 shall undertake an investigation into my background and release from all liability of responsibility all persons and organizations supplying information as stated in the Authorization to Release Information.
- I hereby promise to abide by all the laws and rules regulating the Lehigh Township Volunteer Fire Company #1 either in effect or to become effective by the vote of membership.
- I hereby enclose \$20.00 initial dues. I understand that after a one year probationary period half the initial dues will be refunded. I further understand that annual dues of \$6.00 shall be due by the last day of each calendar year for the forthcoming year and that the dues I am enclosing with this application only cover the calendar year in which this application is submitted.

I have read, understand and by my signature consent to these statements.

Signature of Applicant

Printed Name

Date



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Membership Application Authorization to Release Information

To Whom It May Concern:

I hereby request and authorize you to furnish the Lehigh Township Police Department and the Lehigh Township Volunteer Fire Company No. 1 with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility as a Member of the Lehigh Township Volunteer Fire Company.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a member.

Signature of Applicant

Printed Name

Date