



WEST MEAD TOWNSHIP DISTRICT #1 VOLUNTEER FIRE COMPANY, INC.

PO Box 573 • Meadville, PA 16335
20914 Alden Street: 814-333-9886 • 10482 Liberty Street: 814-337-2186
Fax: 814-337-0722



MEMBERSHIP APPLICATION

NAME: _____ SOC. SECURITY NO.: _____ - _____ - _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (Town) (State) (Zip)

PHONE NO: (Home) _____ (Other) _____

BIRTH DATE: _____ AGE: _____ WHERE BORN: _____

DRIVERS LICENSE NO: _____ STATE: _____

U.S. CITIZEN: (Circle) Yes No HEIGHT: FT. _____ IN. _____ WEIGHT: _____ lbs.

HEALTH: (Circle) EXCELLENT GOOD FAIR POOR

DO YOU HAVE ANY DISABILITIES? (If yes, list) _____

DO YOU HAVE ANY ALLERGIES? (If yes, list) _____

MARITAL STATUS: (Circle) SINGLE MARRIED SEPARATED DIVORCED

SPOUSE'S NAME: (If married) _____

EDUCATION: (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

NAME AND ADDRESS OF HIGH SCHOOL: _____

DATE GRADUATED: _____

TECHNICAL SCHOOLS ATTENDED AND DATES: _____

SUBJECTS STUDIED: _____

COLLEGE OR UNIVERSITIES ATTENDED:
(List name, City, State, Dates attended and degree)

MILITARY SERVICE: BRANCH _____

RANK: _____ DATES OF SERVICED: _____

TYPE OF DISCHARGE: _____ SPECIALTY FIELD: _____

DUTIES: _____

MEMBER OF NATIONAL GUARD OR RESERVE: (Circle) Yes No

RANK: _____ DUTIES: _____

MEETING REQUIREMENTS: _____

EMPLOYMENT: (Circle) WORKING LAID OFF DISABILITY NOT EMPLOYED

PRESENT EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____

REFERENCES:

(List three people who are not related to you by blood or marriage who are familiar with your education or work experience.)

NAME

COMPLETE ADDRESS

1. _____

2. _____

3. _____

ORGANIZATIONS: (List other clubs or service organizations you belong to excluding Fire Departments, Rescue Squads or similar organizations)

INTERESTS OR HOBBIES: _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD OR SIMILAR ORGANIZATION?

(Circle) Yes No

NAME AND ADDRESS OF ORGANIZATION: _____

DATE OF SERVICE: _____

POSITIONS HELD: _____

REASON FOR LEAVING: _____

LIST ALL RELATED TRAINING: _____

IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT THE DEPARTMENT CAN GAIN FROM YOUR MEMBERSHIP, AND WHAT YOU EXPECT TO GAIN FROM THE MEMBERSHIP:

MAY THE FIRE DEPARTMENT CONTACT YOUR PRESENT EMPLOYER OR ANY OF THE ORGANIZATIONS OR REFERENCES WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING YOUR CHARACTER OR ABILITIES?

(Circle) Yes No

(If no, explain) _____

HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION? (Circle) Yes No

(If yes, explain) _____

HAVE YOU EVER BEEN FORCED TO RESIGN FROM ANY POSITION? (Circle) Yes No

(If yes, explain) _____

HAVE YOU EVER BEEN ARRESTED, SUMMONED INTO COURT AS A DEFENDANT OR INDICTED, CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION, OR HAS ANY CASE BEEN FILED AGAINST YOU?

(Circle) Yes No

(If yes, explain) _____

As part of your application, please include your criminal record check obtained online at <https://epatch.state.pa.us>.

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my acceptance may be dependent upon the successful completion of a physical agility test, a written aptitude test, and a complete doctors physical examination.

SIGNATURE: _____ DATE: _____

I agree to return all Fire Department property assigned to me and appearing on my personal inventory list, when for whatever reason, I am no longer an Active Member of West Mead #1 VFC.

SIGNATURE: _____ DATE: _____

**DO NOT WRITE BELOW THIS LINE
MEMBERSHIP COMMITTEE USE ONLY**

Date application received: _____ No. _____

Member Proposing Applicant: _____

Date of Proposal at Meeting: _____

Date Interviewed: _____

Interviewed by: _____

COMMENTS: _____

Signatures of Committee:

Date of acceptance Vote: _____ Results: Accepted Rejected