

Application For Membership

**Williamsburg Area Volunteer Fire Department
305 East 2nd Street, Suite B
Williamsburg, PA 16693**

Name:	Last	First	Middle	Phone #	Date of Birth
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Do you have an alias? No Yes
If yes, please state name (Last, First, Middle) _____

Address	City	State	Zip Code
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Social Security Number	Occupation	Hours Worked
- -		

In Case of Emergency Notify:

	Name	Address	Phone Number	Relationship
1)	_____			
2)	_____			

Medical History:

Do you now or have you ever been treated for any medical problems, have any back injuries, or any other medical problems that would restrict you in performing any duties related to the Fire or Medical Service? Yes No

If yes, explain _____

Sponsors: (Must be two members with two years service)

(1) _____ (2) _____

Fire Dept. Interests: (One or more) Firefighter __ Fundraiser __ Truck Driver __ Ambulance Driver __ Engineer __ First Responder __ Administration __ E.M.T. __ Fire Police	Are you willing to go to trainings? Fire Schools __ First Aid __ First Responder __ E.M.T. __ Fire Police
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Have you ever been a member of a fire company before? _____

If so, name of company _____

How many years where you a member? _____

Fire Chief's name and phone # _____

Please list any state certified trainings or classes you have completed with copies of certificates _____

Do you have a valid Pa. Driver's License? ___ Yes ___ No

License Number _____

Class of license _____

Please list all traffic violations within the last three years _____

List three references not related to you:

	Name	Years known	Phone Number	Occupation
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Have you ever been convicted of a felony or misdemeanor?

If so, please explain:

I understand that falsification of information in this application, or improper conduct at all fire department activities, can result in the loss of my membership in said fire department. Such action must be at the request of two members, and must be voted on by the members of the fire department. This shall be handled according to the bi-laws.

Signed: _____ Date: ____/____/____

Fire Department Use Only

Membership's Vote

Accepted: _____

Denied: _____

Reason for denial: _____

Date: ____/____/____

Secretary's Signature: _____