

# WESTMORELAND CITY VOLUNTEER FIRE DEPT. & RELIEF ASSOCIATION

8650 BROADWAY, WESTMORELAND CITY, WESTMORELAND COUNTY, PENNSYLVANIA 15692 PH: 724-863-9088

## SENIOR MEMBERSHIP APPLICATION

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email address: \_\_\_\_\_ Rent/Own: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

List Previous Fire Dept Experience (skip if none):

None

*If more space is needed use other side of application*

Department: \_\_\_\_\_

County: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Chief \_\_\_\_\_

Reference \_\_\_\_\_

From-To (Years): \_\_\_\_\_

Certifications: \_\_\_\_\_

*Please provide copies once application is accepted*

Membership Interest:

Active Emergency Responder

Non Firefighting & Administrative Support

Criminal History: \_\_\_\_\_

I hereby certify that the above information is complete and accurate. I understand that I am making a significant time commitment to actively participate in the department. By signing below, I also acknowledge the department has the authority to run background check to ensure completeness of my information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date