

ARMAGH & EAST WHEATFIELD TOWNSHIP
VOLUNTEER FIRE DEPARTMENT
12095 ROUTE 56 EAST
P.O. BOX 323
ARMAGH, PA 15920
(814) 446-6647
[**armaghfiredepartment@gmail.com**](mailto:armaghfiredepartment@gmail.com)

I hereby make application for membership in the Armagh Borough and East Wheatfield Township Volunteer Fire Department and Relief Association and contribute herewith \$4.00 as an initiation fee and dues for this year. I also agree to submit to a State of Pennsylvania Criminal Background and Child Abuse Clearance check, the cost of which will be reimbursed to me upon acceptance as a member.

Name _____ DOB ____/____/____
Address _____ City/St. _____ Zip _____
Home Phone (____) ____-____ Cell phone (____) ____-____
SSN# ____-____-____ Email _____
Drivers License __Yes__ No Class ____ OLN ____-____-____ CDL __Yes__ No

Have you ever received any moving traffic violations? ____ Yes ____ No. If yes, explain: _____

Do you have any physical defects or disabilities that may interfere with your duties as a firefighter? ____ Yes ____ No If yes, explain: _____

Past medical history: ____ Diabetes ____ Heart Problems ____ High Blood Pressure
____ Seizures ____ Other-____
Primary Care Physician _____ Preferred Hospital _____
Emergency Contact _____ Phone (____) ____-____
Allergies: _____

Have you ever been arrested? ____ Yes ____ No If yes, convicted? ____ Yes ____ No
If yes on either, explain: _____

Have you been a member of another fire department or emergency service organization before? ____ Yes ____ No If yes, name of organization(s) and furnish contact numbers.

Have you had any previous emergency service training? ____ Yes ____ No If yes, what type? Please provide any expiration dates as needed.

____ Firefighting _____
____ Rescue _____
____ Medical _____
____ Emergency Management _____
____ Other that may benefit the department _____

Please explain your motivation for wanting to become a volunteer firefighter: _____

If accepted, are you willing to take all necessary training and respond/attend all calls, work nights, fund raisers and any other fire department activity to the best of your ability? ____ Yes ____ No

I affirm that all of my statements above are true and correct.

Signature _____ Date ____ / ____ / ____

THIS SECTION TO BE COMPLETED BY THE FIRE DEPARTMENT

Recommendation by two active members:

Signature _____ Signature _____

Application given to membership committee: Date ____ / ____ / ____

Membership committee signature: _____

Comments: _____

Accepted: ____ Yes ____ No Date ____ / ____ / ____

If no, explain: _____

Member notified: Date ____ / ____ / ____ Sworn in: Date ____ / ____ / ____

President signature: _____

Chief signature: _____

Company Seal: