

# Union Dale Volunteer Fire Company

P.O. Box 191/880 South Main St. • Union Dale, PA 18470 • Phone #: 570.679.2221



## Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers Licence #: \_\_\_\_\_ State: \_\_\_\_\_

Reason for seeking membership: \_\_\_\_\_

List any physical/medical handicaps you have that we should know about: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Street: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

May we contact you supervisor?  Yes  No

Have you ever been convicted of a misdemeanor or a felony crime?  Yes  No

If yes please explain: \_\_\_\_\_

Have you ever been a member of another emergency organization?  Yes  No If Yes please fill in below

Company/Organization: \_\_\_\_\_ Since (year joined) \_\_\_\_\_

Fire Chief's/Administrator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If more than one company please list information on separate piece of paper and attach.

Do you have any firefighting or EMS training/experience?  Yes  No

If Yes please explain and attach copies of all training certificates: \_\_\_\_\_

Please list 3 references that we may contact. (Please no family or member in UDVFC):

Name:	Address	Phone:	Years Known:
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____

Please list the members name that gave you this application & or (sponsor):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I plan on joining to be a  for the time being: ?

- Junior Member** (Age 16 or 17)
- Social Member** (Help out at Fund Raisers / Activities or Under 16Y/O)
- Active Member** (Willing to Train and Respond to Calls along with Participating in Fund Raisers / Activities)

Applicant must provide the following documentation plus \$5.00 initiation fee for dues upon handing in this application: All paper work must be current within 2 months of application date.



- (1.) Pennsylvania State Police background check
- (2.) Child abuse clearance check
- (3.) Driving record check

I have read and filled out this application to the best of my knowledge. I will do my best to participate in all fire company activities conducted by the Union Dale Volunteer Fire Co. I hereby certify that all information stated herein is true and I authorize the Union Dale Volunteer Fire Co. to investigate any statements or information enclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_  
If under 18 years of age (Print Name) (Sign)

All minors form age 14 to 18 must provide working papers

**Do Not Write Below This Line**

Date application received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Investigated/Reviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Applicant Accepted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

POSS./Office:	Signature:	Approved:	Disapproved:
President: _____	_____	_____	_____
Vice President: _____	_____	_____	_____
Secretary: _____	_____	_____	_____
Treasurer: _____	_____	_____	_____
Chief: _____	_____	_____	_____
1st Asst.: _____	_____	_____	_____
2nd Asst.: _____	_____	_____	_____
Captain: _____	_____	_____	_____
Lt.: _____	_____	_____	_____