101 Jolly School Road
Washington, PA. 15301

Instructions to Applicants

1. The application must be returned to the B.O.D. of the Fire Department.

2. Applicant must be interviewed by the Board of Directors at their monthly meeting, which is held at 8:00 P.M. on the Monday before the monthly meeting.

3. Following the interview, the Board of Directors will make a recommendation to the body on the applicant. The applicant will be voted on at the third monthly meeting of the S.F.V.F.D. after application has been submitted.

4. Applicant must be present at three (3) Regular Monthly Meetings, which are held the fourth Thursday of each month, so that he/she can be introduced and voted upon by the general membership of the Fire Department.

5. Applicants missing a regular monthly meeting of the first three will be eligible after three (3) meetings are attended provided two are not missed in a row. If two meetings in a row are missed applicant must re-apply and start over.

Application for Membership

I, the undersigned, respectfully apply for membership in the South Franklin Twp Vol. Fire Dept. (S.F.V.F.D.) I further agree to abide by all By-Laws, Rules, and Regulations of the Fire Department to the best or my ability.

Date_____

Name_____ Date of Birth_____

Age_____

Address_____

City _____ State_____ Zip _____

Phone # _____ Cell _____

Married ( ) Unmarried ( )

Occupation _____

Why do want to become a member of the South Franklin Twp. VFD?

_____

_____

_____

_____

_____

_____

_____

Applicant's Signature

S.F.V.F.D. PERSONAL INFORMATION FORM

Date of Application: _____

Name: _____ Date of Birth _____

Address: _____ Telephone: _____

City: _____ State ____ Zip _____ Age _____

Name of Spouse _____ Number of Children _____

Height _____ Weight _____ Eyes _____ Hair _____

Blood Type _____

Reactions to Medications _____

Allergies _____

Drivers License # _____ Class _____ Exp. Date _____

Occupation _____

Employer _____ Employer Phone _____

Insurance Beneficiary _____ Relationship _____

Education

Grade School _____ Years Attended _____

High School _____ Graduated/GED YES / NO

Business-College-Other _____ Years Attended _____

Special Skills/Training

_____

_____

_____

PROBATIONARY MEMBERS OBLIGATIONS

Probationary Members MAY:

1. Voice an opinion at a department meeting.
2. Attend all functions of the fire department with the presence of a full member of the department.
3. Serve, Have a voice and vote on a committee.

Probationary Member MAY NOT:

1. Vote on an issue at any regular or special department meeting.
2. Enter or remain in the fire department buildings without the presence of a full member of the department.
3. Display any fire department insignias such as uniforms, badges, and vehicle plates, blue lights and etc., with the exception of fire fighting equipment.

Are you willing to accept these regulations? _____

Signature/Date: _____

REFERENCES

Please provide five (5) references, including but not limited to other organizations you have belonged to, employment, or personal references. These references will be investigated.

Name	Phone Number	Relationship

CRIMINAL HISTORY

Do you have any current or previous arrest and or convictions?

Misdemeanors and or Felonies: _____

If yes, Explain _____

_____

Has you Driver's License ever been suspended or revoked? _____

If yes, Explain: _____

_____

MILITARY SERVICE

Branch of Service: _____ Last Rank Held: _____

Date entered: _____ Date Discharged: _____

Type of Discharge: _____ Present Status: _____

Special Training: _____

_____

Previous Fire Fighting Experience

Fire Company (1) _____ From _____ To _____

Fire Company (2) _____ From _____ To _____

Fire schools Attended: _____

_____

Line Officers Positions Held: _____

Commendations/Awards: _____

The above information is true and correct to the best of my knowledge.

Signature: _____

RELEASE

Now, therefore, I, the undersigned applicant, in consideration of the acceptance of the South Franklin Twp VFD (SFVFD), the rights and privileges entitled to be enjoyed thereby and intending to be legally bound hereby, do hereby accept and assume the hazards incident to the activities and obligations as a member of said SFVFD and do hereby exempt and release SVFVD from all claims for such injuries and/or damages, except to the extent that the insurance is coverage is provided for such injuries and/or, sustained by the undersigned applicant as a volunteer member that this exemption and release is and shall be binding upon my respective heirs, executors, administrators and assigns.

Date: _____

Signature: _____ Witness: _____

We, the members of the Board of Directors, have investigated the above applicant and do recommend the following action:

_____ Accept for Membership _____ Do not Accept Membership

(Signed) _____ of the Board of Directors.

_____ Application Fee Paid _____ Criminal History

Date Voted on. _____ Yes___ No _____

Date Accepted for Probation _____