

APPLICATION FOR MEMBERSHIP

In The

HOOVERSVILLE VOLUNTEER FIRE DEPARTMENT  
P. O. Box 14, 80 Main Street  
Hooversville, PA 15936

I \_\_\_\_\_ of \_\_\_\_\_ County, the state of \_\_\_\_\_ do hereby make application for membership in the HOOVERSVILLE VOL. FIRE DEPT. I subscribe to all the rules, by-laws and regulations promulgated by said organization and which may be passed by it, so long as I, the undersigned, remain a member in the organization. Should the organization deem for its welfare to expell the applicant from membership therein, the applicant waives any and all claims for damage and right to sue the organization on account of said expulsion. It is agreed by the applicant that this application shall constitute an agreement by him/her and the HOOVERSVILLE VOL. FIRE DEPT. and shall be filed with the records as regards to membership. I am not now a member of any other volunteer or paid Fire Company or Department. I understand that I will automatically terminate my membership with the HOOVERSVILLE VOL. FIRE DEPT. should I become any type of member in any other volunteer or paid Fire Company or Department.

In witness thereof, the applicant has signed his name and affixed his seal this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.  
signature \_\_\_\_\_

Recommended by \_\_\_\_\_

Applicant's Information (please print) \_\_\_\_\_

LAST FIRST MI DATE OF BIRTH

ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER PHONE AREA CODE

IF UNDER 18 YEARS OLD WORK PERMIT AND PARENTS OR LEGAL GAURDIAN SIGNATURE

APPLICATION ACCEPTED REJECTED

FINANCIAL SECRETARY \_\_\_\_\_ DATE \_\_\_\_\_

ANNUAL DUES MUST BE PAID TO FINANCIAL SECRETARY WITHIN 30 DAYS OF ACCEPTANCE TO VALIDATE APPLICATION!

complete information on reverse side

Have you ever belonged to any other organization? Fire -Ambulance -Other

Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Employer and address \_\_\_\_\_ How Long \_\_\_\_\_

occupation \_\_\_\_\_

Previous Employer and address \_\_\_\_\_ How Long \_\_\_\_\_

occupation \_\_\_\_\_

List three (3) references (name and address)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Previous Fire Training or Schooling \_\_\_\_\_

E.M.T. or C.P.R. Card NO. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Any Health problems YES NO WHAT \_\_\_\_\_

Who to be notified in case of emergency? Relationship \_\_\_\_\_

Note: This application will be reviewed by the REVIEW COMMITTEE and acted upon within 30 days of receiving. Date received \_\_\_\_\_

PRESIDENT \_\_\_\_\_ FIRE CHIEF \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_ 1st ASST CHIEF \_\_\_\_\_