

Wagontown Volunteer Fire Company

Membership Application

Date: _____

Name: _____ S.S.N. _____ D.O.B. _____

Address: _____

How long at present address? _____

Home Phone: _____ Work Phone: _____

Marital Status: _____

Emergency Contact: _____ Phone: _____

Medical History: _____

Prior Fire Company Experience (list any classes taken) _____

List 3 References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a felony? _____

By requesting membership into the Wagontown Volunteer Fire Company, I agree to allow the Wagontown Volunteer Fire Company and its representatives access to any medical and health histories, to protect the public, myself and fellow firefighters as well.

By signing this Application, I give the Investigation Committee permission to perform investigative interviews, including criminal background checks. Any findings shall be made public at the monthly meeting and may have a direct impact on my Application for membership.

I hereby make Application for membership in the Wagontown Volunteer Fire Company, of West Caln Township., Chester County, Pennsylvania.

If I am admitted membership, I shall abide by the Constitution and By-Laws of the Company.

Recommended by

Applicant's Signature

Parent Signature (if under 18)

Application Fee of \$15.00 must accompany this Application at 1st reading.

Date of investigation _____

Comments: _____

Committee Members attending _____

Results of Vote: Accepted Rejected

Membership Secretary Signature

****Application process may take up to 90 days****