

# Mont Alto Volunteer Fire and Ambulance Company

## Membership Application

(A \$10.00 application fee is REQUIRED upon application submission)

Active     Active Associate     Social     Junior

## Personal Information

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

S.S. Number \_\_\_\_\_

Present Address (Street/PO Box) \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Are you presently employed?     Yes     No

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you have a Valid PA Drivers License? \_\_\_\_\_

(License number \_\_\_\_\_)

(Expiration date) \_\_\_\_\_

Briefly state why you want to be apart of this organization:

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Please answer the following questions...

1. Have you EVER been convicted of any criminal offense?

YES or NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

2. Have you EVER been convicted of any traffic violations?

YES or NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been associated with this or any other Fire, Rescue, or Ambulance Service? YES or NO

If yes, state Name and Location \_\_\_\_\_

\_\_\_\_\_

4. Do you have any training related to the Fire, Rescue, or Ambulance service? YES or NO

If yes, please list them and provide copies.

\_\_\_\_\_

\_\_\_\_\_

5. Do you have any health or medical conditions that we should be aware of? YES or NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list 3 references that we may contact. Name & Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PLEASE bring your Drivers License or Proof of Identification, Social Security Card, and a PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE to your interview. The child abuse clearance can be obtained at

<https://www.compass.state.pa.us/CWIS>

If applying for Jr. Membership (ALL applicants under the age of 18), a parent or guardian must be present for your interview, and complete the following....

I do hereby give my consent for \_\_\_\_\_ to apply for membership at the Mont Alto Volunteer Fire and Ambulance Company. State law also requires a work permit to be submitted with application for any members under the age of 18.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

I hereby confirm that ALL of the information provided on this application for the Mont Alto Volunteer Fire and Ambulance Company is true and correct, and I fully understand that ANY wrongful entries could be grounds for membership rejection and/or dismissal of this application. I also give authorization to the Mont Alto Volunteer Fire and Ambulance Company to complete a State and/or Federal background check, and to access any of my training history at any time. For Junior Member Students during school time, I agree to sign the transcript forms authorizing the Mont Alto Volunteer Fire and Ambulance Company access to my grades as warranted.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Sponsored by \_\_\_\_\_

Applicant Name \_\_\_\_\_

Date of Interview \_\_\_\_\_

Date Presented to Company \_\_\_\_\_

Date of Vote \_\_\_\_\_

Number of Votes

Yes \_\_\_\_\_

No \_\_\_\_\_

Membership Number \_\_\_\_\_

Membership Secretary \_\_\_\_\_

