



Miles Township Fire Company

102 Broad Street
Rebersburg, PA 16872
www.milestownshipfire.com



Miles Township Fire Company Volunteer Membership Application

Date of Application: _____

Applicants are evaluated without regard to race, color, religion, sex, national origin, ancestry, marital status, age, disability, veteran status or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Applicant Information:

Name:		Sex: M or F (circle one)
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
E-mail address:		
Date of Birth:	Social Security Number:	

Are you 16 years of age or older? Yes or No (circle one)

Do you have a valid PA driver's license? Yes or No (circle one) If yes, driver's license #: _____

Do you have any of the following fire/EMS certifications? (check boxes below)

- | | | | |
|--------------------------|---|------------------------------|-----------------------------|
| <input type="checkbox"/> | CPR/AED | Expiration Date _____ | Attach Copy of Cert. |
| <input type="checkbox"/> | EMT or EMR (circle one) | Expiration Date _____ | Attach Copy of Cert. |
| <input type="checkbox"/> | EVOC/EVDT or EMSVO | | Attach Copy of Cert. |
| <input type="checkbox"/> | Haz Mat (Level____) | | Attach Copy of Cert. |
| <input type="checkbox"/> | Basic Vehicle Rescue (Level____) | | Attach Copy of Cert. |
| <input type="checkbox"/> | Firefighting Essentials | | Attach Copy of Cert. |
| <input type="checkbox"/> | Firefighter I or II (circle one) | | Attach Copy of Cert. |
| <input type="checkbox"/> | Other _____ | | Attach Copy of Cert. |

I certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements verified by Miles Township Fire Company. I give permission for the Miles Township Fire Company to conduct background checks on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries, child abuse and criminal history records, and driver's license records. I understand that, if accepted for membership, my membership is conditional upon adherence to company policies and review of criminal records, and any violation of company policy or criminal activity may result in dismissal from membership. I authorize previous volunteer supervisors and employers, to provide Miles Township Fire Company any and all information concerning my previous volunteer service/employment and any other pertinent information they may have. I understand that any misrepresentation, falsification, or omission of information on this application may result in my failure to be accepted as a volunteer member or, if I am accepted, my dismissal from membership. I also understand that if accepted as volunteer, I will be immediately placed on probationary status and may be dismissed for any lawful reason in accordance with the company bylaws.

Signature of Applicant

Date

Please return this completed application to address below or to a company officer:

Miles Township Fire Company
PO Box 155
Rebersburg, PA 16872
milestownshipfire@gmail.com

For any applicant under 18 years of age:

Parent or Guardian Printed Name

Date

Parent or Guardian Signature

OFFICIAL COMPANY USE ONLY:

Background check completed by: _____

Date: _____

PA Criminal History Record No record Record(s) found

PA Driver's License History Valid Suspended Not valid

Attach copies of all background check reports to this application.