



APPLICATION FOR MEMBERSHIP
GEESEY TOWN COMMUNITY FIRE COMPANY

NO _____

Please print or type all information

DATE _____

NAME _____ DATE OF BIRTH _____ AGE _____

PRESENT ADDRESS _____

TELEPHONE _____ SSN _____

OPERATOR'S LICENSE YES ___ NO ___ OPERATOR'S NO _____ YRS. EXPERIENCE _____

LIST HIGHEST LEVELS COMPLETED HIGH SCHOOL _____ COLLEGE/TRADE SCHOOL _____

PRESENT OCCUPATION/EMPLOYER _____

DESIRED MEMBERSHIP STATUS ACTIVE FF ___ (emergency call, social work, full privileges)

ACTIVE ___ (social work, full privileges)

CONTRIBUTING ___ (dues paying, no privileges)

MEMBERSHIP FEES INITIATION FEE \$2.00

ACTIVE FF/ ACTIVE \$3.00

CONTRIBUTING \$10.00

FEE TOTAL SHOULD ACCOMPANY APPLICATION TOTAL \$ _____

MEMBERSHIP IN OTHER EMERGENCY ORGANIZATIONS YES ___ NO ___

(Please list) _____

Do you have any phobias, disability, handicap, or medical condition that limits your performance as a member? Yes ___ No ___

(Please list) _____

Do you have any previous emergency services training? Yes ___ No ___ (Please list on reverse, copies of certificates will be required for placement in your personal folder)

CHARACTER REFERENCES (List name, address and telephone)

BACKGROUND CHECKS & CLEARANCES

You MUST provide all of the necessary background checks and clearances upon submitting this application! You can obtain them from the following web links below:

https://epatch.state.pa.us/Home.jsp

https://www.compass.state.pa.us/cwis

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize you to make any such investigation and inquiry of my personal employment, financial or medical history and other related matter as may be necessary in arriving at a membership decision. I hereby release employers, schools or persons from-all liability in responding to inquiries in connection to my application. In the event of membership, I understand that false or misleading information given in my application or interview(s) my result in discharge. I understand also that I am required to abide by all the rules and regulations of this Company.

By your signature you agree to all terms and conditions of this agreement.

Signature of sponsor _____ date _____

Signature of applicant _____ date _____

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OFFICE USE ONLY

REPORT

COMMITTEE

COMPANY

FAVORABLE _____

FAVORABLE _____

UNFAVORABLE _____

UNFAVORABLE _____

DATE _____

DATE _____