

Allegheny Valley Volunteer Fire Company No. 1, Station 315 | Application for Membership
851 Parkway Drive, Harwick, PA 15049 | Tel: 724-274-4250 | alleghenyvalley315@gmail.com
Proudly serving the communities of Harmar Township and Springdale Township

Name: _____ Telephone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Drivers License #: _____ Exp. Date: _____
 Class of License: _____ Restrictions: _____ Issue Date: _____
 Social Security #: _____ Age: _____ Date of Birth: _____
 Marital Status: Single: ___ Married: ___ Number of Children: _____
 Position Applying for: Firefighter: _____ Social: _____ Junior: _____

References (list three people, other than employer, relative or member of this or any other fire dept.)

Name:	Address:	Phone:	Email:

Insurance Beneficiary

Name: _____ Relationship: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Employment Information (if unemployed, list last employer and end date)

Employer Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Length of employment: _____
 Supervisor Name: _____ Phone/Email: _____

Military Service None: _____ Presently in Active Reserves: Yes _____ No _____
 Branch: _____ # of Service Years: _____ Type of Discharge: _____

Criminal History No: _____ Yes: _____ If "yes", then briefly list all criminal convictions including dates, locations, charges and dispositions (use additional sheet if necessary):

Prior Fire Service Yes: _____ No: _____ If "yes", then complete the following information:

Fire Dept.: _____ Chief: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

How long: _____ Offices held: _____ Social Member Only: _____

Training (attach certificates):

Recommendation All applicants for membership must be recommended by a member of Allegheny Valley Volunteer Fire Company No. 1, Station 315, who is in good standing:

Background Information	Yes	No
Are you an unlawful user or addicted to any intoxicating liquors, depressants, stimulant or narcotics drugs?		
Are you affiliated with any group(s) whose policies or activities are subversive to the form of government in the constitution and laws of the United States or Commonwealth of PA?		
Are you a person who, having been a citizen of the United States, has renounced your citizenship?		
Have you had any illness or injuries within the past five years that have required the attention of a physician or hospital?		
Have you ever been refused life insurance because of your failure to pass a physical location?		
Have you ever been adjudicated mentally defective or have you ever been committed to a mental institution?		
Do you know that you must receive Fire Fighting Training and produce a county or state certificate in Essentials of Fire Fighting to join as an active member?		
Do you know that you may be asked to take a drug test before being accepted as a member? Do you realize that failure to take a drug test or failure of the test, will result in your application being rejected?		

Certification

I certify that the statements made by me on this application are true and complete. I understand that a false statement(s) on my application shall be considered sufficient cause for rejection of my application for membership. I also understand that if accepted, any information later determined to be false shall result in my expulsion from the Fire Company. I do hereby authorize the Allegheny Valley Volunteer Fire Company No. 1, Station 315, to conduct any investigation into the material presented herein.

Eligible applicants must be at least 15 years of age, live within the Allegheny Valley Volunteer Fire Company Fire District area or within 15 minutes of any Allegheny Valley Volunteer Fire Company #1 station (with the exception of social members), a legal citizen of the United States of America, and be able to pass the following clearances.

- Pennsylvania Child Abuse History Clearances (Search for form CY113)
- Pennsylvania State Police Criminal Records Check (Search for Pennsylvania Criminal Record Checks for Volunteers form (SP4-164A))
 - Federal Bureau of Investigation Criminal Background Check if the applicant lived outside of Pennsylvania within the last ten (10) years.

All new applicants must submit the required clearances with his/her application as per the Pennsylvania Child Protective Services law amended 12/31/2014.

Signature of Applicant: _____ Date Signed: _____

Department Use Only

Investigation Committee Recommendation: Acceptance: _____ Rejection: _____

Date: _____ Reason for Rejection: _____

Date Accepted as a Probation Member: _____

Date Accepted as a Regular Member: _____

Junior Fire Fighter Applicants (complete the following)

Now, therefore, we, the undersigned parent(s)/guardian(s) of the said undersigned applicant, aged less than eighteen (18), in consideration of the acceptance of the undersigned application to membership as a volunteer fire fighter in the Allegheny Valley Volunteer Fire Company No. 1, Station 315, the rights and privileges entitled to be enjoyed thereby and intending to be legally bound thereby, do hereby accept and assume the hazards incident to the activities and objectives as a member of the said Allegheny Valley Volunteer Fire Company No. 1, Station 315, and so hereby exempt and release said Allegheny Valley Volunteer Fire Company No. 1, Station 315, from all claims for injuries and/or damages, except to the extent that insurance coverage is provided for such injuries and/or damages, sustained by the undersigned applicant as a volunteer fireman in the service of said Allegheny Valley Volunteer Fire Company No. 1, Service 315, it being understood that this exemption and release is and shall be binding upon my (our) respective heirs, executors, administrators and assigns.

Applicant:

Signature of Applicant: _____ Date Signed: _____
Print Applicant's Name: _____

Permission/Witness:

Signature of Parent/Guardian: _____ Date Signed: _____
Signature of Parent/Guardian: _____ Date Signed: _____
Date Witnessed: _____