



MINQUAS VOLUNTEER FIRE COMPANY DOWNTOWN, PA 19335

MEMBERSHIP APPLICATION DATE: _____

CLASSIFICATION OF MEMBERSHIP: Active Social Junior Other _____

Name: _____ Social Security No.: _____
(FIRST) (MIDDLE) (LAST)

Present address: _____
(STREET)

(CITY) (STATE) (ZIP) Phone: _____

Years at present address: _____ Municipality to which wage tax is paid: _____

Referred by: _____

PHYSICAL HISTORY

List any physical limitations (such as eyesight, limb impairment, diabetes) that may impair your performance.

Are you physically capable of heavy manual work? _____

Date of last physical examination: _____ Doctor's name: _____

Doctor's address: _____

Ever injured on the job? _____ Give nature and degree of such injuries: _____

How much time lost from work in past three years due to illness? _____

Have you received workman's compensation? _____ When? _____

Please give name and telephone number of the person to contact in case of emergency: _____

Occupation: _____ Employer: _____

Work address: _____ Age at last birthday: _____ Phone: _____

Date of birth: _____ Supervisor: _____

EXPERIENCE AND QUALIFICATIONS — DRIVER

Operator's No.:	State	Restrictions	Class(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

DRIVING EXPERIENCE

Type of Truck	GVW	Dates		Approx. No. of Miles
		From	To	

ACCIDENT RECORD

Accident Record for past 3 years (Attach sheet if more space is needed.)

	Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Injuries/Fatalities (Explain)	Citations Issued (Explain)
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Violations for the past 3 years (Other than parking violations.)

Location	Date	Charge	Penalty

FIRE FIGHTING TRAINING (Include First Aid, EMT, etc.)

Date	Training Course	State Certified?	Date Completed	Graduated?

FIRE FIGHTING EXPERIENCE

Name of Fire Company	From Mo. Yr.	To Mo. Yr.	Reason for Leaving	Rank Held	Chief's Name

TO BE READ AND SIGNED BY APPLICANT

I hereby apply for membership with the understanding that I will not become a member until I have been elected into membership at a regular meeting and until I have completed the required Training as set by the company's bylaws.

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty.

It is agreed and understood that the fire company or its agents may investigate the applicant and background to determine the accuracy and completeness of this information and applicant releases employers and persons named herein from all liability or any damage on account of his/her furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her eligibility file.

It is agreed and understood that, if accepted, the member will be on probation during which time he/she may be discharged for any of the reasons set forth in the bylaws, and will return fire company property immediately.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ (Fire Company Name)

_____ (Applicant's Signature)

_____ (Date)

(TO BE COMPLETED FOR JUNIOR APPLICANT ONLY)

AFFIDAVIT OF CONSENT OF PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS, AT LEAST 18 YEARS OF AGE

S E A L	SUBSCRIBED AND SWORN TO BEFORE ME	I HEREBY CERTIFY THAT I AM THE APPLICANT'S <input type="checkbox"/> PARENT, <input type="checkbox"/> GUARDIAN, <input type="checkbox"/> PERSON IN LOCO PARENTIS, I AM AT LEAST 18 YEARS OF AGE. THE APPLICANT HAS REACHED THE AGE OF SIXTEEN (16) YEARS AND THIS APPLICATION IS MADE WITH MY FULL CONSENT. X _____ (Signature of Parent, Guardian or Person in Loco Parentis, at least 18 Years of Age — in ink) _____ (Print Name as it Appears in Signature Above)
	Month _____ Day _____ Year _____	
	Signature of person administering oath _____	
	Municipality _____ County _____	
	Commission Expiration Date _____	

DO NOT WRITE BELOW THIS LINE

EQUIPMENT AND PROPERTY ISSUANCE

<input type="checkbox"/> Turn Out Gear #	<input type="checkbox"/> Key #	<input type="checkbox"/> Blue Light #
<input type="checkbox"/> Spanner Wrench		
<input type="checkbox"/> Monitor Serial #	<input type="checkbox"/> Monitor Serial #	
<input type="checkbox"/> By Laws	<input type="checkbox"/> Uniform	<input type="checkbox"/> Other
Accepted By: (Signature) _____		Issuing Officer: (Signature) _____
Date Accepted into Membership	Classification	Other
		Probation Completion Date