

APPLICATION FOR MEMBERSHIP



Personal Information:

Name : _____

Phone: _____

Address : _____

Cell Phone carrier: _____

City : _____ State: _____

Email: _____

D.O.B.: _____

Type of Membership applying for:

Fire/Rescue _____

Executive _____

Experience:

Please list any previous experience with a Fire/Rescue/EMS organization .

1. _____

2. _____

* Do you have a current CPR card ? YES _____ NO _____

Recommendation for Membership:

1. _____ 2. _____ 3. _____

Junior Member Release of Liability (Required if under 18 yrs .Old)

I hereby grant _____ permission to obtain a membership with Pennsville Fire & Rescue Co. #1. I understand that this permission is all inclusive to activities with the guidelines set by the Standard Operating Guidelines approved by the Township of Pennsville .I also understand it is my right to withdraw this permission at any time if requested in writing .

Parent/Guardian Signature

Date

I have received an application to join the Pennsville Fire & Rescue Co. 1. By signing below, I acknowledge that I have received a letter outlining joining the department and the application process; received instructions and related paperwork to obtaining fingerprints and consent to a background check thru the Pennsville Police Department.

I understand that I must make every attempt to complete the application process in a timely manner and will be required to attend instruction and training prior to being accepted as a member with the Pennsville Fire & Rescue Co. 1.

Furthermore, I understand that during this entire process I am not a member of the Pennsville Fire & Rescue Co. 1, am not entitled to any benefits associated with being a member and am not covered by any township insurance as a member.

This form shall be placed in official file upon completion of application process.

Times I would most be available to complete Phase 1 training (circle):

Weekday Weeknight Weekend Specific Day/Time _____

Signature _____

Date _____

Print Name _____

OFFICAL USE ONLY – BELOW IS NOT FOR APPLICANT TO SIGN

Membership Committee _____

Date _____