

LIST A REFERENCE OR A PERSON FAMILIAR WITH YOUR CHARACTER:
Name:
Address:
Phone #:
LIST ANY ON GOING MEDICAL CONDITIONS OR DISABILITIES: (Include illnesses, accidents, and serious operations; if none, so state)
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY TO A FELONY OR MISDEMEANOR OTHER THAN PARKING OR MINOR TRAFFIC VIOLATIONS? YES NO (IF YES, PLEASE EXPLAIN)

By signing this application, I understand that any misrepresented information contained herein may result in denial of this application and/or termination of membership. I agree to confirm to the applicable codes and laws of the United States and the Commonwealth of Pennsylvania, and applicable rules and regulations established by the Haycock Volunteer Fire Company.

Signature of Applicant: _____

Date: _____

Signature of Parent or Guardian: _____
 (If applicant is under 18 years of age)

Please include any copies of certifications currently held with your application.

Membership Committee Review for Active Membership

Accept Membership _____ Deny Membership _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Explanation of Denial _____

PHYSICIAN STATEMENT

(TO BE COMPLETED BY A PHYSICIAN)

_____ is applying for active volunteer membership with Haycock Volunteer Fire Company. The applicant must be able to lift 50 pounds without difficulty and perform the duties needed of an active firefighter in an emergency situation.

He/she may need to stoop, be on their knees, move and lift patients, move and lift hose, equipment, stretchers, etc. Applicant may be exposed to infectious diseases.

“I certify that the applicant _____is/_____is not physically qualified to meet the physical demands relating to the emergency situations that may be placed on him/her in the line of duty.”

Remarks:

Physician Signature: _____ Date _____

Office stamp if applicable: