



Wellsville Fire Company 1941

MEMBERSHIP APPLICATION (Please PRINT legibly)

Date of Application: ____/____/____ Membership Type: Emergency Non-Emergency
 Social
 Supporting/Probationary/Junior

Applicant Info:

Name: _____ DOB: ____/____/____
Address: _____ Driver's Lic. #: _____
City: _____ State: _____ Zip: _____
Home Ph#: (____) ____ - _____ Cell Ph#: (____) ____ - _____
E-mail Address: _____
Gender: Male Female Non-Binary

Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Ph#: (____) ____ - _____ Cell Ph#: (____) ____ - _____

Employment Information:

Employer: _____ Phone #: (____) ____ - _____
Job Title: _____ Start Date: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____

Education Information:

High School Attend(ed/ing): _____ Grade: (if applicable) _____
College Attend(ed/ing): _____ Year: (if applicable) _____
Major: _____
Trade School: _____ Year: (if applicable) _____

References:

Personal:
Name: _____ Phone #: (____) ____ - _____
Professional:
Name: _____ Phone #: (____) ____ - _____
Family:
Name: _____ Phone #: (____) ____ - _____

Were you ever convicted of a misdemeanor or felony?

Yes Charge(s): _____ Date: _____
 No

Were you ever associated with an emergency services organization? Yes No

If Yes, list the organization, position/office held (if applicable) and start/end dates:

Organization: _____ Office/Position: _____
Start: _____ End: _____

Organization: _____ Office/Position: _____
Start: _____ End: _____

Are you currently an active member of an emergency services organization? Yes No

If Yes, list organization name, office/position held (if applicable) and service start date.

Organization: _____ Office/Position : _____ Start: _____

Organization: _____ Office/Position : _____ Start: _____

Training/Certifications: (Please attach all supporting documents)

Fire:

<input type="checkbox"/> Basic	Obtained: _____/_____/_____	
<input type="checkbox"/> Intermediate	Obtained: _____/_____/_____	
<input type="checkbox"/> Advanced	Obtained: _____/_____/_____	
<input type="checkbox"/> Rescue	Obtained: _____/_____/_____	
<input type="checkbox"/> Officer	Obtained: _____/_____/_____	
<input type="checkbox"/> Other: _____		Obtained: _____/_____/_____

Medical:

<input type="checkbox"/> Standard First-Aid	Obtained: _____/_____/_____	Exp. _____/_____/_____
<input type="checkbox"/> Advanced First-Aid	Obtained: _____/_____/_____	Exp. _____/_____/_____
<input type="checkbox"/> CPR/AED: <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	Obtained: _____/_____/_____	Exp. _____/_____/_____
<input type="checkbox"/> First Responder	Obtained: _____/_____/_____	Exp. _____/_____/_____
<input type="checkbox"/> EMT	Obtained: _____/_____/_____	Exp. _____/_____/_____
<input type="checkbox"/> Other: _____	Obtained: _____/_____/_____	Exp. _____/_____/_____

Fire Police:

<input type="checkbox"/> Basic	Obtained: _____/_____/_____	
<input type="checkbox"/> Advanced	Obtained: _____/_____/_____	
<input type="checkbox"/> Highway 101	Obtained: _____/_____/_____	
<input type="checkbox"/> Other: _____		Obtained: _____/_____/_____

I hereby acknowledge that, to the best of my knowledge, the information I have provided in this application is true and correct and I authorize the investigation of all statements/information contained herein. I have attached a copy of the Request for Criminal Records Check received from the PA State Police and the PA State Child Abuse Clearance. Within the first year of acceptance into the Wellsville Fire Company, as an Emergency member, I agree to successfully complete Basic Fundamentals of Firefighting, First-Aid/CPR/AED, and/or Basic and Advanced Fire Police (if applicable).

Applicant Signature: _____ Date: _____/_____/_____

As indicated in the By-Laws and SOG's of the Wellsville Fire Company, the organization will assume the costs of mandatory training or approved education relative to Emergency Services if a passing grade or certificate of attainment is achieved. We comply with Title VI of the Civil Rights Act of 1964, and Public Law 90-202 which prohibits discrimination on the basis of race, color, national origin, religion, sex, age or physical disability.

PA State Police Clearance: <https://epatch.pa.gov/TandCVolunteer>

PA Child Abuse History Clearance: <https://www.compass.state.pa.us/cwis/public/home>

Clearances may be obtained from the websites listed above. There is no charge for Volunteer clearances. If you have current (within 1 year) clearances (volunteer or employee), you will not need to obtain new clearances.

WFC Office Use Only:

Application Received on: ____/____/____

PA State Police Clearance Completion Date: ____/____/____

PA Child Abuse Clearance Completion Date: ____/____/____

Interview/Investigation Conducted By:

Fire Company President: _____

Fire Company Trustee Chair: _____

Fire Company Chief: _____

Accepted Date: ____/____/____

Rejected Date: ____/____/____ Reason: _____

Probation Start Date: ____/____/____

Probation End Date: ____/____/____

Extended Probation: Yes - _____

Extended Probation Ends: ____/____/____