

# New Alexandria V.F.D. Application for Membership

Name :	Soc. Sec. # :
D.O.B. :	Blood Type :
Address :	
Home Phone :	Drivers License # :
Occupation :	Employer :
Emergency Contact # 1	Phone :
Emergency Contact # 2	Phone :
Insurance Beneficiary :	Relationship :
Address :	
Previous Fire or E.M.S. experience :	
If yes what organization :	
If yes list certifications :	
Have you ever had your license revoked ?	
Have you ever been convicted of a felony or crime ?	
Do you have any medical problems that may limit your physical ability ?	
Do you understand the Fire Dept. obligations and have these been discussed with your wife or family ?	

-----Do not complete below this line -----

I \_\_\_\_\_, having completed this application for membership in the New Alexandria V.F.D. attest that all information provided is correct to the best of my knowledge. I will abide by all laws of the New Alexandria V.F.D. and the Commonwealth of Pennsylvania. Upon leaving the New Alexandria V.F.D. I will return all equipment issued to me.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

N.A.V.F.D. Membership recommends application be : Accepted : \_\_\_\_\_

Rejected : \_\_\_\_\_

Reason if rejected : \_\_\_\_\_

Application : Accepted : \_\_\_\_\_ Date : \_\_\_\_\_

Rejected : \_\_\_\_\_ Date : \_\_\_\_\_

Presidents Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Chiefs Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Orientation done by : \_\_\_\_\_ Date : \_\_\_\_\_