Mill Hall Volunteer Fire Company

9 East Peale Avenue, Mill Hall, Pennsylvania 17751

Firehouse: 570-726-4792 Website: www.millhallfire.com

ASSOCIATE MEMBERSHIP APPLICATION

- Must be a legal resident of the United States of America.
- Each applicant for Associate Membership shall fill out an application and attend a meeting with the President, and Board of Trustees. (Bylaws: Article V, Section 3)
- The duty of an Associate Member is to perform fundraising activities. He or she will be covered by accidental health and death insurance. He or she must complete appropriate and/or required background checks as per the Associate Membership Application. He or she may not hold any elected or appointed office, and may not attend regular or special membership meetings. (Bylaws: Article V, Section 3)
- Each applicant must be at least eighteen years of age and of good character. (Bylaws: Article V, Section 3)
- The background checks below are free and necessary to accompany your application.
  - Online Link / Search: Pennsylvania State Police (PSP) Criminal History Clearance (Free for volunteers.)
  - Online Link / Search: PA Child Abuse History Clearance (CY113) (Free for volunteers.)

(PLEASE PRINT CLEARLY)

Name: _____
Last *First* *Middle*

Address: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Have you ever applied for membership to this fire company in the past? ☐ Yes ☐ No

Have you ever been a member of a fire company or EMS service before? ☐ Yes ☐ No

If you answered yes to the previous question, please indicate what organizations you were or are a member:

_____

_____

Driver's License No.: _____ Issuing State: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes please explain:

_____

Employer: _____ Occupation: _____

Employer's Address: _____

List 3 references: (No relatives or present fire company members.)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

HEALTH QUESTIONS

Are there any health concerns we should be aware of …

1. Diabetes ☐ Yes ☐ No
2. Heart Condition ☐ Yes ☐ No
3. High Blood Pressure ☐ Yes ☐ No
4. Epilepsy ☐ Yes ☐ No
5. Other _____

BACKGROUND CHECK RELEASE INFORMATION AUTHORIZATION

"I affirm that the information I supplied is correct to the best of my knowledge. I authorize the Volunteer Fire Company of Mill Hall, PA to check my background by agencies as deemed necessary. I give my authorization for the Volunteer Fire Company of Mill Hall, PA to keep this application and contained information on file."

Applicant Signature: _____ Date: _____

FIRE COMPANY USE ONLY

The President and at least three of the Board of Trustees will meet with the applicant:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

(The application must be signed by those who meet with the applicant prior to being presented at a regular meeting of the Volunteer Fire Company of Mill Hall, PA.)

Applicant _____ was (accepted / rejected) at a regular meeting of the Volunteer Fire Company of Mill Hall, PA to become an Associate Member of the Volunteer Fire Company of Mill Hall, PA.

Recording Secretary Signature: _____ Date: _____
Volunteer Fire Company of Mill Hall, PA
