

BARTO FIRE COMPANY **MEMBERSHIP APPLICATION**

Section 1. Basic Applicant Information (For both social and apparatus crew applicants)

NAME: _____
 STREET ADDRESS: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____
 BIRTH DATE: _____ EMAIL ADDRESS: _____

AREAS OF INTEREST (please check all that apply)

<input type="checkbox"/> FIREFIGHTER – this member is interested in fire suppression, rescue, apparatus engineer, etc. Appropriate training will be required and provided.	<input type="checkbox"/> FIRE POLICE – this member is interested in traffic and crowd control at emergency scenes. Fire company, chief, and municipality approval will be required, as well as appropriate training.
<input type="checkbox"/> JUNIOR FIREFIGHTER – this is any member that is under 18 years of age. Parental approval and working papers are required.	<input type="checkbox"/> OPERATIONS SUPPORT – this member is interested in helping with fundraisers, business operations, record keeping, etc.
<input type="checkbox"/> TRACK CREW FIREFIGHTER – this member is interested in fire suppression and rescue at Grandview Speedway. (Seasonal)	<input type="checkbox"/> SOCIAL – this member will pay yearly dues, but is not interested in volunteering in any other capacity.

Section 2. Apparatus Crew Member Information

(Social Member applicants do not need to fill out this section, please skip to section 3)

EMPLOYER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DRIVER'S LICENSE #: _____ STATE: PA
 CLASS (please circle): A B C M EXP. DATE: _____
 COMMERCIAL ENDORSEMENTS (circle): H N X T P S
 MARRIED: YES NO SPOUSE'S NAME: _____
 BENEFICIARY #1: _____
 BENEFICIARY #2: _____
 DEPENDENTS: _____

TRAINING: Please make photocopies of all prior training certificates and attach them to this form.

REFERENCES: If you previously ran with another fire company, please list the name of the company, and name and phone number of the chief, in the event we would like to contact him/her.

COMPANY: _____
CHIEF: _____ PHONE: _____

POSITIONS HELD:

TITLE	COMPANY	DATE FROM	DATE TO

Section 3. Certify Information Supplied

"I hereby certify that I am the above named applicant and that all information stated on this application is true and correct to the best of my knowledge. I understand that any falsification could be the grounds for dismissal from membership. I hereby authorize the Vol. Barto Fire Company or its authorized agents to investigate this application for membership, I will conform to all rules, regulations, and by-laws of the Vol. Barto Fire Company. I have never been convicted of an offense that constitutes the crime of 'arson and related offenses' under 18 Pa. C. S § 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000."

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent or guardian signature is required if under 18 years of age)

FOR BARTO FIRE DEPARTMENT INTERNAL USE ONLY: DATE APPLIED: _____ DATE BALLOTTED: _____ DATE JOINED: _____ DATE RESIGNED/TERMINATED: _____ COMMENTS: _____ _____ _____
