



**LICK HILL COMMUNITY FIRE DEPARTMENT
& FIREMEN'S RELIEF ASSOCIATION**

122 MCCLELLAN DRIVE - BUTLER, PA 16001
PHONE: (724) 287-2493
EMAIL: LICKHILLVFD@GMAIL.COM
LICKHILLVFD.COM

CARD #: _____

YEA: _____

NAY: _____

APPLICATION FOR MEMBERSHIP (PLEASE PRINT)

I wish to make application to the LICK HILL COMMUNITY FIRE DEPARTMENT & FIREMEN'S RELIEF ASSOCIATION. If accepted, I pledge to comply with the by-laws, abide by and uphold all regulations, and will, at all times, work for the best interest of the fire company. I am entitled to attend all regular monthly meetings of the fire company and all company activities

NAME:

LAST FIRST MIDDLE

ADDRESS:

PHONE: (____) _____ - _____ CELL: (____) _____ - _____

DATE OF BIRTH: ____ - ____ - ____
MM/ DD/ YY/

AGE: _____

SOCIAL SECURITY #: ____ / ____ / ____

DRIVERS' LICENSE # & CLASS / EXPIRATION DATE: _____

CURRENT EMPLOYMENT OR NAME OF SCHOOL:

PARENTAL CONSENT

(14-18 YEARS OF AGE)

We, the parents of the above applicant, do hereby certify that the information above is correct and do further permit the above applicant to join the LICK HILL COMMUNITY FIRE DEPARTMENT AND FIREMAN'S RELIEF ASSOCIATION and do understand that the said fire company is not liable for any injuries to said applicant, unless incurred injuries are directly related to fire company activities.

PARENT SIGNATURE: _____

DATE: ____ - ____ - ____

EDUCATION:

HIGH SCHOOL / TECH SCHOOL:

COLLEGE / VOCATIONAL SCHOOL:

POST GRADUATE:

MILITARY EXPERIENCE:

EXPERIENCE

(PREVIOUS FIREFIGHTING / EMERGENCY SERVICES ORGANIZATION EXPERIENCE)

FIRE COMPANY / ESO:

DATE: _____

MM/DD/YY

RANK: _____

FIRE CHIEF'S / ADMINISTRATOR:

PHONE #: (_____) _____ - _____

EXPERIENCE

(PREVIOUS FIREFIGHTING / EMERGENCY SERVICES ORGANIZATION EXPERIENCE)

FIRE COMPANY / ESO:

DATE: _____

MM/DD/YY

RANK: _____

FIRE CHIEF'S / ADMINISTRATOR:

PHONE #: (_____) _____ - _____

TOTAL YEARS INVOLVED IN FIRE COMPANY / ESO:

FIRE SCHOOLS / TRAINING (FIREFIGHTERS / RESCUE / EMS, ETC.)

1.)

2.)

3.)

4.)

5.)

HEALTH INFORMATION

**IS THERE ANY REASON THAT YOUR PRESENT HEALTH CONDITION WOULD RESTRICT YOUR ACTIVITIES AS A FIRE FIGHTER / EMERGENCY SERVICE PROVIDER?
(IF YES, PLEASE EXPLAIN.)**

**DO YOU SUFFER FROM ANY FEARS / PHOBIAS THAT WOULD RE-STRICIT YOUR ACTIVITIES AS A FIRE FIGHTER / EMERGENCY SERVICES PROVIDER?
(FEAR OF HEIGHT, CLAUSTROPHOBIA, ETC)**

NAME OF PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

NAME: _____
FIRST MIDDLE LAST

EMERGENCY PHONE NUMBER:(_____) _____ - _____

BENEFICIARY (RELATIONSHIP):_____

BACKGROUND INVESTIGATION

HAVE YOU EVER BEEN CONVICTED OF ARSON?

YES___ NO___

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?

YES___ NO___

IF YES, PLEASE EXPLAIN:

I AGREE TO PERMIT THE FIRE CHIEF AND/OR ADMINISTRATION OF THE LICK HILL VOLUNTEER FIRE COMPANY AND FIREMAN'S RELIEF ASSOCIATION, TO CONDUCT AN INVESTIGATION IN TO MY BACKGROUND TO VERIFY ALL INFORMATION AND REFERENCES GIVEN ON THIS APPLICATION, THROUGH THE POLICE DEPARTMENT, STATE POLICE, FBI, OR ANY OTHER ENFORCEMENT ORGANIZATION. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY THE LICK HILL VOLUNTEER FIRE COMPANY AND FIREMAN'S ASSOCIATION.

SIGNATURE OF APPLICANT:_____

DATE:_____
MM/ DD/ YY/

****THIS APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.***

SIGNATURE OF PRESIDENT OR FIRE CHIEF:

DATE: _____
MM/ DD/ YY/

REGULAR MEETING

SPONSER: _____

DATE: _____
MM/ DD/ YY/

DIRECTOR: _____

DATE: _____
MM/ DD/ YY/

1st READING: _____
MM/ DD/ YY/

2nd READING: _____ **IF REQUIRED*
MM/ DD/ YY/

ACCEPTED: _____

REJECTED: _____

RECORDING SECRETARY:

WORKING PAPERS: _____
MM/ DD/ YY/

RECORDED: _____
MM/ DD/ YY/

****DUES: \$5.00 A YEAR**

****INITATION FEE: \$10.00 (TOTAL DUE WITH APPLICATION)**

FINANCIAL SECRETARY: _____

CARD NUMBER: _____

MEMBERSHIP CLASSIFICATION:

ACTIVE / SOCIAL

**** MONEY DUE UPON SUBMITTING OF MEMBERSHIP**

ACTIVE MEMBERS / SOCIAL MEMBERS SHALL PAY AN INITIATION FEE OF TEN (10) DOLLARS. AN ANNUAL FEE OF FIVE (5) DOLLARS.

AUXILIARY / JUNIOR MEMBERS SHALL PAY AN INITIATION FEE OF ZERO (0) DOLLARS AND AN ANNUAL FEE OF ZERO (0) DOLLARS.

AUXILIARY MEMBERS: 16-18 YEARS OF AGE

JUNIOR MEMBERS: 14 UP TO 18 YEARS OF AGE

