**Sipesville Vol. Fire Co. Inc.**

P.O. Box 161- Sipesville, Pa 15561- **814-445-4899**

**APPLICATION FOR MEMBERSHIP**

NAME:

ADDRESS:

CITY / ZIP:

OCCUPATION:

E - MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:

PHONE:

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:

S.S. NUMBER:

AGE:

Do you have any previous fire fighting experience? YES NO

If yes where?

List two (2) references:

NAME:

NAME:

PHONE:

RELATIONSHIP:

PHONE:

RELATIONSHIP:

Having formed a favorable impression of the Sipesville Volunteer Fire Company, I here with present myself as an applicant for membership. If accepted I promise a full and due observance of the laws that govern the company. **I give my full permission for a criminal background check and understand that an unfavorable report could hinder my acceptance into the department.**

SIGNATURE:

DATE:

We hereby certify that we have personally interviewed the above named applicant and find him/ her worthy of membership.

DATE:

DATE:

DATE:

DATE ACCEPTED: