



Harrisville Volunteer Fire Company

Application for Membership



*All private information is held in the strictest confidence and used only for background, criminal, driving record reports. This information is kept locked.

Date: ____/____/____

Applicant Information:

Full Name: (First Middle Last) _____

Physical Address: _____, PA
(Street) (City) (Zip)

Mailing Address: _____

Phone: (Home): (____) - _____ Phone: (Cell): (____) - _____

Phone: (Work): (____) - _____ Does the Cell have Texting? Yes or No

Date of Birth: ____/____/____ Social Security Number: XXX-XX-____

VALID Driver's License Number: _____ State Issued: _____

Vehicle Tag Number(s): _____

Emergency Contact: _____

Emergency Contact Phone: (____) - _____ Relationship: _____

Do you have a sponsor: (A current or past Harrisville Volunteer Fire Company Member)? _____

Type of Membership: ***Must currently reside in Harrisville Borough or Mercer Township.**

_____ Social (16 + years old)

_____ Junior (16 – 17 years old) *

Parent/Guardian Name: _____ Phone: (____) - _____

Parent/Guardian Address: _____

*Must have parental/guardian signature on application to be considered.

_____ Regular Member (18+)*

Experience: List Fire Company and Chief or President Name and Phone number.

Certifications/Training Record:

List any Medical Restrictions:



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Employment:

Employer: _____ Phone: (____) _____ - _____

Employer Address: _____

References: List two Non-relative and Non-sponsoring members — (Name/Address/Phone)

Requirements of membership:

- To make all attempts to respond to all calls
- To participate in all fundraising activities
- Successfully complete orientation
- Successfully complete a minimum of 30-hours of annual training
- Successfully complete probationary period
- No tolerance to drug or felony offenses
- Have or obtain a member sponsor
- Must provide an act 34 criminal record

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS OF HARRISVILLE VOLUNTEER FIRE COMPANY MEMBERSHIP. BY EVIDENCE OF MY SIGNATURE I ACCEPT ALL CONDITIONS.

Applicant Signature: _____

Sponsoring Member Signature: (Leave Blank if you do not have one) _____

Parent or Guardian Approval Signature (for Junior Only): _____

Submit:

By Mail: Harrisville Volunteer Fire Company
P.O. Box 201
Harrisville, PA 16038

By Sponsor: Give the application to the sponsor to be presented at the next meeting.

Process:

The application will be reviewed at the next regularly scheduled monthly meeting. If determined preliminarily eligible, a background and reference check will be conducted. The applicant will receive a letter from the Board Secretary indicating a successful or unsuccessful application. A successful candidate will be given a date and time to meet the board for final approval. While we appreciate all applicants, it is imperative that we select applicants based on their experience, integrity and background. For questions: 724/735-4646