

HANOVER TOWNSHIP VOLUNTEER FIRE COMPANY NO. 1

of Northampton County
 100 Stoke Park Road, Bethlehem, Pennsylvania 18017-9415
 WWW.HTVFC.ORG

Emergency Only
 911



Main Station
 610-867-2103

FOR OFFICE USE ONLY:

Line Officer (1)
 Investigation (2)
 President (3)
 Company Mtg (4)

Treasurer (5)
 Personnel File (6)
 President (7)
 Line Officer (8)

COMPANY MEETING
 APPROVED
 NOT APPROVED
DATE _____

MEMBERSHIP APPLICATION

Applying for:
 Fire
 Ambulance
 Fire Police

INSTRUCTION TO APPLICANTS

Complete all parts of this application form. Provide as much information as possible, including full names, addresses, phone numbers, email addresses, emergency contacts, etc. Completed applications and twelve dollars (\$12 = \$2/membership dues, \$10/non-refundable background check) are to be returned to:

Hanover Township Volunteer Fire Company #1
100 Stoke Park Road
Bethlehem, PA 18017

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Date of Birth	SSN	Home Phone
Current Address	Cell Phone	
City	State	Zip

If the above is not your permanent address, list your your permanent address here

Are you a US Citizen? Yes No
 Email Address _____

Have you ever been convicted of a crime? If yes, please explain:

PERSONAL REFERENCES (Provide 3)

REFERENCE #1

Name	Phone:
Address	
How long have you known this person?	Relationship
What is their occupation?	

REFERENCE #2

Name	Phone:
Address	
How long have you known this person?	Relationship
What is their occupation?	

REFERENCE #3

Name	Phone:
Address	
How long have you known this person?	Relationship
What is their occupation?	

SIGNATURE

STATEMENT OF CERTIFICATION:

I, the undersigned, hereby claim that to the best of my knowledge all information provided in this application is true and correct. Further, I understand that any information that has been given incorrectly is cause for rejection, or dismissal from the Fire Company. Permission is hereby granted to the Hanover Township Volunteer Fire Company #1 to contact any and all persons listed in this application, and any government agency that may have knowledge of my background.

Signature of applicant _____	Date
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OPTIONAL INFORMATION

The following information is optional. You are not required to complete this section (or parts thereof) if you do not so desire.

The HANOVER TOWNSHIP VOLUNTEER FIRE COMPANY #1 does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age, or non-job related handicap or disability in the programs or activities it operates.

EMERGENCY CONTACT INFORMATION

Name of Contact	Relationship
Address	Home Phone
City, State, Zip	Cell Phone
Name of Contact	Relationship
Address	Home Phone
City, State, Zip	Cell Phone

Your Religious Affiliation

Other pertinent information:

DRIVERS LICENSE INFORMATION

Operator's Number:	State:
Restrictions:	Class:

Has your license ever been suspended? If yes, please explain:

EMPLOYMENT INFORMATION

Current employer:

Employer address:		How long?
City	State	Zip
Phone	Email	Fax
Position / Title		

Previous employer:

Employer address:		How long?
City	State	Zip
Phone	Email	Fax
Position / Title		

MILITARY INFORMATION

Have you ever been in the Armed Forces? Yes No - If yes, which branch?

How long?	Date of Discharge	Type of Discharge
List specialized training		

EDUCATION

High School	Date
Vo-Tech/Trade School	Date
College	Date
Degrees Earned / Majors Studied	

GENERAL INFORMATION

List any training or special skills which you may have that would be of benefit to this organization:

Why do you want to join a volunteer organization?

Are you currently, or have you ever been, a member of an organization such as the Hanover Township VFC #1? Yes No - If yes, list here:

Name of Organization:

Person in Charge:	Phone:
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Have you ever, or are you currently, Authorized to use blue lights? Yes No If yes, by whom?

Do you know any members of the Hanover Township Volunteer Fire Co. #1? Yes No - If yes, who are they?