South Fayette Township Volunteer Fire Department
MEMBERSHIP APPLICATION

APPLICANT INFORMATION

_____ _____ _____
NAME **ADDRESS** **ZIP**

(_____) _____-_____ _____ ____/____/_____
PHONE **EMAIL** **DATE OF BIRTH**

_____ _____ _____ _____
EMPLOYER **OCCUPATION** **EMPLOYER ADDRESS** **ZIP**

ARE YOU MARRIED?: ? YES ? NO

NAME OF BENEFICIARY: _____ **RELATIONSHIP:** _____

? **CHECK HERE IF YOU ARE APPLYING TO A SUPPORT PERSONNEL/SOCIAL MEMBER ONLY**
THESE MEMBERS ARE FOR THOSE APPLICANTS WHO ARE APPLYING WITH THE INTENTION OF NOT PARTICIPATING IN FIRE FIGHTING ACTIVITIES, BUT WOULD LIKE TO VOLUNTEER IN OTHER FACETS (FUNDRAISING, COMMUNITY EVENTS, ADMINISTRATION, & ETC)

PREVIOUS EXPERIENCE

LENGTH OF RESIDENCE IN SOUTH FAYETTE TOWNSHIP: _____**YEARS** _____**MONTHS**

DO YOU CURRENTLY HOLD A VALID PENNSYLVANIA CLASS C DRIVERS LICENSE?: ? YES ? NO

DO YOU CURRENTLY HOLD A VALID PENNSYLVANIA COMMERCIAL DRIVERS LICENSE (CDL)?: ? YES ? NO

HAVE YOU EVER BEEN A FIRE FIGHTER?: ? YES ? NO

IF YES, FOR WHICH DEPARTMENT?: _____

HAVE YOU EVER BEEN REFUSED MEMBERSHIP FROM ANY OTHER FIRE FIGHTING ORGANIZATION?: ? YES ? NO

IF YES, FOR WHICH DEPARTMENT?: _____

CHARACTER REFERENCES

PLEASE LIST THREE CHARACTER REFERENCES BELOW WHO ARE NOT FAMILY MEMBERS ARE CURRENT MEMBERS OF THE SOUTH FAYETTE VFD

FIRST REFERENCE

_____ _____ (_____) _____-_____
NAME **ADDRESS** **PHONE**

SECOND REFERENCE

_____ _____ (_____) _____-_____
NAME **ADDRESS** **PHONE**

THIRD REFERENCE

_____ _____ (_____) _____-_____
NAME **ADDRESS** **PHONE**

BY SIGNING THIS APPLICATION, YOU ARE ENSURING THAT THE INFORMATION IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE AND YOU HEREBY AGREE TO ABIDE BY THE LAWS, RULES, AND REGULATION OF THE SOUTH FAYETTE TOWNSHIP VOLUNTEER FIRE DEPARTMENT.

_____
SIGNATURE

_____ _____
RECOMMENDED BY ACTIVE SFVFD MEMBER **DATE**