



Gilbertsville Fire & Rescue Company

1454 East Philadelphia Avenue • P.O. Box 454 • Gilbertsville, PA 19525-0454
610-367-0277 Fax 610-369-0535 • www.gilbertsvillefirerescue.org

Active Membership Application

Established 2005

Please Print

Name: _____ *Today's Date:* _____

Address: _____

Town: _____ *Zip:* _____

Social Security #: _____ *Date of Birth:* _____

Drivers License #: _____ *State Issued:* _____

Drivers License Class: _____ *Special Exceptions:* _____

Drivers License Expiration Date: _____ *Current Age:* _____

Home Phone#: _____ *Work #:* _____

Cell Phone #: _____ *E-Mail* _____

Emergency Contact: _____

Emergency Contact phone #: _____

Occupation _____ *Employer* _____

Educational Background

High School / Tech School: _____

College / Vocational School: _____

Post Graduate: _____

Military Experience: _____

Health Information

Do you suffer from any of the following: (If so please explain?)

- Heart / Coronary conditions: _____
- Epilepsy / Seizure disorders: _____
- High Blood Pressure: _____
- Diabetes: _____
- Sensory Disorders: _____

Is there any reason that your present condition would restrict your activities as a firefighter?

(If yes please explain) _____

Previous Firefighting Experience

Fire Company: _____ Date: _____ Rank: _____

Fire Company: _____ Date: _____ Rank: _____

Fire Company: _____ Date: _____ Rank: _____

Total years as firefighter _____

Please Supply a copy of all fire schools and training certificates with application!

Background Investigation

Have you ever applied for membership at Gilbertsville Fire & Rescue Company before? _____

Have you ever been denied membership at any other organization (if yes please explain) _____

Please list below all previous organizations you have belonged to:

<i>Organization</i>	<i>Position/Title</i>	<i>Years</i>

Do you desire a particular function within the organization? _____

Reasons you wish to join are organization:

Do you have a criminal record? (Convictions only)

Yes _____ *No* _____

If yes please explain: _____

I agree to permit the Gilbertsville Fire & Rescue Company to conduct an investigation into my background through the Douglass Township Police Department, PA State Police, FBI, or any other recognized law enforcement organization. This information will be held in high confidence by Gilbertsville Fire & Rescue Company.

Signature of Applicant: _____ *Date:* _____

Signature of Guardian: _____ *Date:* _____

IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN FOR YOU!

Signature of Officer excepting application and Date: _____

This Section For Official Fire Company Use Only
<i>Date of Approval or Denial by body:</i>
<i>Reason for Denial:</i>

