



FRANKLIN BOROUGH Volunteer Fire & Rescue Company, No. 1

1125 Main Street **Sta. 5** Phone: (814) 535-1953
Johnstown PA 15909 Fax: (814) 536-3075
www.franklinfirerescue.org info@franklinfirerescue.org

APPLICATION FOR MEMBERSHIP

(Please Type or Print)

Name: _____ SS # _____ - _____ - _____
Last First Middle

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (_____) _____ - _____ Birthdate: _____ - _____ - _____ Age: _____

If under 18 years of age, give parent or legal guardian data:

Name: _____ Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ ZIP: _____

Any health or physical handicaps? _____ If yes, describe: _____

Ever been convicted of a crime? _____ If yes, describe: _____

Ever been a member of THIS department? _____ If yes, when: From _____ To _____

Are you, or have you ever been a member of another fire department? _____

If yes, department name: _____ From _____ To _____

Place of primary employment: _____ How long employed there? _____

Type of membership applying for:

Applicants may participate in Fire-rescue and/or Emergency Medical Service.

Contributing membership is for those who choose not to participate in emergency responses.

Fire-Rescue Emergency Medical Contributing (fundrais./admin.)

I hereby state that all the above information is true to the best of my knowledge.

Signature of Applicant

Signature of Sponsor

Fire Department Use Only Below This Line

Does the Investigating Committee approve of the applicant? Yes _____ No _____

Signature of the Investigating Committee members:

Date of Application: _____ - _____ - _____

Date of Acceptance: _____ - _____ - _____

Date Sworn In: _____ - _____ - _____