

**CIRCLEVILLE VOLUNTEER FIRE DEPARTMENT
STATION 8
129 ROBBINS STATION ROAD
NORTH HUNTINGDON TOWNSHIP
724-863-7202
MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Gender:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Email:
Driver's License #:	State:	Expiration Date:
Class:	Endorsements:	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	Occupation:	

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:

MEDICAL INFORMATION

Prescribed Medications:	
Allergies:	Blood Type:
Physical Defects: Yes No If yes, explain:	
Do you have any physical limitations that preclude you from performing any duties or firefighting tasks? Yes No	
If yes, explain what can be done to accommodate your limitations:	

MILITARY INFORMATION

Branch:	Status: Active Inactive Active Reserve N/A
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TYPE OF MEMBERSHIP APPLYING FOR

Active Firefighter:	Active Non-Firefighter:
Associate:	

FIREFIGHTING EXPERIENCE

Past firefighting experience:

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MEMBERSHIP FEES

Initiation Fee: \$1.00	One Year Active Dues: \$1.00	One Year Associate Dues: \$25.00
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(Dues may accompany application)

Amount Received:	By:	Date:
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CRIMINAL RECORD CHECK/CHILD ABUSE HISTORY CLEARANCE

Pennsylvania Law as of July 2015 REQUIRES all volunteers that involve contact with minors to produce both a Criminal Record Check and Child Abuse History Clearance. Both items are "Free" to obtain and must be submitted before volunteer status is recognized. The following links are provided for you to obtain these mandatory requirements. (Note: links are case sensitive and instructions are attached to application)

www.compass.state.pa.us/CWIS/Public/Home

<https://epatch.state.pa.us/>

CONSENT

By my signing below, I here-by consent to a complete investigation for a criminal record check, child abuse history clearance, and DMV check:

Signature of applicant:	Date:
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Witness of signature:	Date:
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By my signing below, I hereby agree that all the above statements are true and complete to the best of my knowledge, and I understand that if I am accepted falsified statements made on this application shall be grounds for immediate expulsion.

Signature of applicant:	Date:
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Witness of signature:	Date:
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Recommended by: (please print name)	Signature: (please sign name)
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Recommended by: (please print name)	Signature: (please sign name)
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OFFICIAL USE ONLY:

Date Contacted for Interview:	Date Interviewed:
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Date of First Reading:	Date of Second Reading:
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Accepted/Declined:	Date of Notification:
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Notes: