

PRESTO VOLUNTEER FIRE DEPARTMENT- Application for Membership

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Telephone Number: _____

Operator's License Number: _____

Social Security Number: _____

Email address: _____

List Three References Known By You For At Least Five Years:

REFERENCE

Telephone Number

List Any Previous Emergency Services Experience

Place of Employment and Hours

List Any Past or Present Medical Problems

Fire Department Member Sponsoring Applicant: _____

All Applications Require a Background Check and Child Abuse Clearance, If You Do Not Have Current Clearance Please Visits the Web Sites Below to obtain.

<https://epatch.state.pa.us/Home.jsp> Background Checks Use New Record Check (Volunteers Only)

<https://www.compass.state.pa.us/cwis/public/home> Child Abuse Clearance You Must Create Individual Account

I, the undersigned, do hereby make application for membership to the Presto Volunteer Fire Department and if accepted do hereby agree to follow and obey the Bylaws and Standard Operating Procedures of the Department.

Applicant's Signature: _____ Date: _____

Under The Age of Eighteen, Parent or Guardian Signature: _____

All Applications Must Be Accompanied by \$5.00 Application Fee

VOP	Key	Points	VOS

Fire Department Use Only
Date

