

Royersford Fire Department Application for Membership

Membership Type				
Contributing Member				
Active Firefighter (must complete page 2)				
(must complete page 2)				

PLEASE PRINT CLEARLY

Full Name:	Date of Birth:			Age:	
Address:		City:	State:		Zip:
Home Phone:	Mobile Phone:	I	I	Are yo	u a Citizen? Y / N
Driver's License #	Email Address:				
List 3 References (Required – other than S	nonsor)				
Name:	· · · · · · · · · · · · · · · · · · ·	Phone Number:			
Name:	F	Phone Number:			
Name:	ŧ	Phone Number:			
List any Social Clubs or Organizations that	you belong to:				
Name:		Phone Number:			
Name:	F	Phone Number:			
Name:	F	Phone Number:			
General Information:	1				
Have you ever been refused membership from an	other Social Club?				Y / N
Have you ever been dismissed from a Social Club?					Y / N
Have you ever been convicted of a crime?					Y / N
If so, please explain:					
		Membership #:			
Sponsor Name:	Membership #:		Phone Numb	er:	
Sponsor Name:	Membership #:		Phone Numb	oer:	
certify that the facts contained in this ap	plication are true a	-			at, if
certify that the facts contained in this ap accepted, any false statements shall be gr authorize the Royersford Fire Departmer	plication are true are ounds for dismissal.	and all infor	and understa	and tha	lication,
certify that the facts contained in this ap accepted, any false statements shall be gr authorize the Royersford Fire Departmen and hereby authorize the named referenc	plication are true are ounds for dismissal.	and all infor	and understa	and tha	lication,
certify that the facts contained in this ap accepted, any false statements shall be gr authorize the Royersford Fire Departmer and hereby authorize the named referenc requested during this investigation.	plication are true ar ounds for dismissal nt to investigate any es to disclose such i	and all infor	and understa mation on the	and tha	lication,
Sponsor Name: I certify that the facts contained in this ap accepted, any false statements shall be gr I authorize the Royersford Fire Departmer and hereby authorize the named reference requested during this investigation. This Application must be returned to a Co	plication are true and ounds for dismissal and to investigate any es to disclose such in the many Officer or base	and all infornation,	and understa mation on the personal or o	and tha	lication, ise, as



Membership Type					
Cadet (14-15 yo)					
Junior Firefighter (16-17 yo)					
Firefighter					
Ambulance/EMS					
Fire Police					

First Reading Date:

Employer Address: City: State: Zip: Work Phone: Work Phone: ### City: State: Zip: ### City: State: Zip: ### City: State: Zip: ### City: Phone Number: ### Ph	improyment imormation						
Work Phone: Image	Employer			Position Held:			
Emergency Contacts (Required) Primary Contact: Relationship: Phone Number: Secondary Contact: Relationship: Phone Number: Physical/Medical Information Family Physician: City: Phone Number: Medications\Allergies (Explain) Ist any fire, ambulance, or police organizations to which you have belonged: 1: Office in Charge: Phone Number: 2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: Ist any emergency training you have below and can you provide Training Certificates: Ist any emergency training you have below and can you provide Training Certificates: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	Address:			City:		State:	Zip:
Primary Contact: Relationship: Phone Number: Secondary Contact: Relationship: Phone Number: Physical/Medical Information Family Physician: City: Phone Number: Height: Date of Last Physical: Medications\Allergies (Explain) Sist any fire, ambulance, or police organizations to which you have belonged: 1: Office in Charge: Phone Number: 2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: sist any emergency training you have below and can you provide Training Certificates: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	Work Phone:						
Primary Contact: Relationship: Phone Number: Secondary Contact: Phone Number: Secondary Contact: Phone Number: Secondary Contact: Phone Number: Secondary Contact: Phone Number: Secondary City: Phone Number: Phone Number: Phone Number: Secondary City: Phone Number:							
Secondary Contact: Relationship: Phone Number: Phone Nu	mergency Contacts (Required)						
hysical/Medical Information Family Physician: Height: Weight: Medications\Allergies (Explain) Sist any fire, ambulance, or police organizations to which you have belonged: 1: Office in Charge: Phone Number: 2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: sist any emergency training you have below and can you provide Training Certificates: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Signature of Fire Chief Date:	Primary Contact:		Relationship:			Phone Nu	ımber:
Family Physician: City:	Secondary Contact:		Relationship:		Phone Number:		
Height: Weight: Date of Last Physical: Medications\Allergies (Explain) ist any fire, ambulance, or police organizations to which you have belonged: 1: Office in Charge: Phone Number: 2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	hysical/Medical Information						
Medications\Allergies (Explain) ist any fire, ambulance, or police organizations to which you have belonged: 1:	Family Physician:		City:			Phone Nu	ımber:
ist any fire, ambulance, or police organizations to which you have belonged: 1: Office in Charge: Phone Number: 2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	Height:	Weight:	ı	D	ate of Last P	hysical:	
Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	Medications\Allergies (Explain)						
Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
1: Office in Charge: Phone Number: 2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	ist any firo, ambulanco, or noli	co organizations	to which you	hava h	olongod:		
2: Office in Charge: Phone Number: 3: Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:		ce organizations			eiongeu.	Phone Nu	ımher
3: Office in Charge: Phone Number: ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
ist any emergency training you have below and can you provide Training Certificates: ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	3:	Office in Charge:		e:	Phone Number:		
ignature of Parent or Guardian if under 18 years of age: For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	ist any emergency training you	ı have below and	can you prov	ide Tra	ining Cert	ificates:	
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:							
For Office Use Only: Probationary Membership status of this applicant has been: Approved / Denied (Circle One) Signature of President: Date: Signature of Fire Chief Date:	ignature of Parent or Guardiar	n if under 18 years	s of age:				
Probationary Membership status of this applicant has been: Signature of President: Signature of Fire Chief Approved / Denied (Circle One) Date: Date:		•	-				
Probationary Membership status of this applicant has been: Signature of President: Signature of Fire Chief Approved / Denied (Circle One) Date: Date:							
Signature of President: Signature of Fire Chief Date: Date:							
Signature of Fire Chief Date:	, ·	, , , , , , , , , , , , , , , , , , , ,			Approved / Denied (Circle On		
		Date:					
					Date:		

Second Reading Date: