

# RICHLAND TOWNSHIP VOLUNTEER FIRE DEPARTMENT

PHONE: (814) 266-4331

FAX: (814) 315-2818

WEBSITE: www.richlandfire.com

**RICHLAND**  
1321 SCALP AVENUE  
JOHNSTOWN, PA 15904

**SOLOMON RUN**  
176 MT. AIRY DRIVE  
JOHNSTOWN, PA 15904

**GEISTOWN-Admin Offices**  
631 LAMBERD AVENUE  
JOHNSTOWN, PA 15904

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF MEMBERSHIP:

REFERENCES / PHONE #'s

\_\_\_\_ FIREFIGHTER / FIRE POLICE - \$10.00

\_\_\_\_\_

\_\_\_\_ SOCIAL MEMBER - \$10.00 (Does not ride fire equipment)

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES - NO (circle one)

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER: \_\_\_\_\_

ARE YOU PRESENTLY UNDER A PHYSICIANS CARE? YES - NO (circle one)

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**PLEASE ATTACH A MEDICAL PHYSICAL / DOCTORS RELEASE TO FUNCTION AS A FIREFIGHTER.**

PLEASE LIST OR ATTACH ANY FIREFIGHTING TRAINING: \_\_\_\_\_

I understand that in the event my application for membership is accepted, I agree to comply with and be bound by the safety rules, by-laws and constitution of the RTFD. I further understand that my acceptance will be subject to the conditions of any probationary period established by the RTFD. If required, I agree to submit to a medical examination and periodic examinations thereafter. I agree to be photographed and fingerprinted at the discretion of the RTFD. I authorize investigation of all statements contained in this application and do hereby release any and all persons, companies or agencies responding to such an investigation from any liability for any damage due to releasing information pertaining hereto. I understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or for subsequent dismissal from the RTFD. Application fee is non-refundable.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All information collected during the application process will be handled in accordance with state and federal PII laws.

MEMBERSHIP PROPOSED BY: \_\_\_\_\_

DATE OF FIRST READING: \_\_\_\_\_ DATE OF SECOND READING: \_\_\_\_\_

DATE ELECTED: \_\_\_\_\_ DATE REJECTED: \_\_\_\_\_

## PARENTAL OR LEGAL GUARDIAN CONSENT FORM

**If the individual applying is under the legal age of 18, his/her parent or legal guardian must complete the following information.**

I understand that the fire and rescue service is involved in responding to incidents. These incidents are of a serious nature and can create health and safety concerns. While all precautions are taken to ensure safety through training and safety officers, the danger still exists. In addition there may be graphic, tragic and unpleasant incidents that will be worked by fire and rescue personnel. These scenes of destruction and injury are of a very serious nature including death. We want to be assured that your minor is well aware of the seriousness of fire, rescue and emergency medical service duties and what they work with on a daily basis.

I have read and understand the above and advised my minor of the subject matter. Notwithstanding by affixing my signature below, I hereby approve his/her participation with the Richland Township Volunteer Fire Department.

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Name of Minor

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Signature of Parent / Guardian

Print

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Date

Please check the appropriate box:

I am the Parent (\_\_\_\_)

I am the Legal Guardian (\_\_\_\_)