

Forest Volunteer Fire Department

1129 Towpath Rd.
Hawley, PA 18428
Phone: (570) 226-3491
Fax: (570) 226-5022
fvfd@forestfirerescue.com
www.forestfirerescue.com

Application for Membership

Personal Information		
Name (Last, First, MI)		Date of Birth
Street Address		
City	State	Zip
Home Phone #	Work Phone #	Email Address
Social Security #		Driver's License # & State Issued By

Emergency Contact Information	
Name	Phone #

Beneficiary Information		
Name #1	Relationship	Share Percentage
Name #2	Relationship	Share Percentage

Work Information		
Employer		How Long Employed
Business Address		
City	State	Zip
Phone #	Position	Supervisor

Background Information
Have you been convicted of a felony or misdemeanor within the last 7 years? If yes, please describe.
Do you have any Fire School or EMS training? Please indicate level of training and expiration date of certification. You will be required to provide copies of these certifications.
Have you ever belonged to any other fire and/or rescue company? If yes, please list the name(s) and your position with them.

Medical Information

Do you have any medical conditions the department should be aware of? If yes, please list.

Are you on any medications that might prohibit you from driving a department vehicle? If yes, please list.

Do you have any allergies including ones to medications? If yes, please list.

Do you have a local primary care physician? If yes please list his/her name and phone number.

By signing below you hereby give consent for the Forest Volunteer Fire Department to conduct a background check.

Applicant's Signature

Date

Official Use Only

Accepted By

Date

Unit # Assigned

Equipment Issued