

**THIS SECTION FOR FIRE COMPANY USE ONLY**

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**WEST HANOVER TOWNSHIP FIRE COMPANY**

628 Walnut Ave.  
Harrisburg, PA 17112

**APPLICATION FOR MEMBERSHIP**

(Please Print)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Do You Object To The WHTVFC Contacting Your Supervisor? Yes \_\_\_ No \_\_\_

Normal Work Days/Hours: \_\_\_\_\_

Desired Type of Membership (*Check all that apply*):

- Fire Fighting and Rescue (OVER 18 YEARS OF AGE)
- Junior Fire Fighting and Rescue (16-17 YEARS OF AGE)
- Fire Police
- Social Membership
- Assist with Fundraising Activities
- Other (Specify) \_\_\_\_\_

Member of Another Fire or Ambulance Company or Police Department? Yes \_\_\_ No \_\_\_

(If Yes, Please Give Name, Address and Phone #)

\_\_\_\_\_  
\_\_\_\_\_

Any Medical Restrictions or Disabilities? Yes \_\_\_ No \_\_\_

(If Yes, Please List and Briefly Describe)

\_\_\_\_\_  
\_\_\_\_\_

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Please List any Pertinent Skills/Certifications that could be beneficial to the WHTVFC  
(Examples: Firefighting, Medical, Driving, Mechanical, Electrical, Administrative, etc...)

\_\_\_\_\_

*(Please attach any certificates applicable to above referenced skills/training)*

Ever convicted of a Felony, Misdemeanor, Or Traffic Violation (past 3 years)?

Yes \_\_\_\_ No \_\_\_\_ (If Yes, Specify in Detail!)

\_\_\_\_\_

List 3 References (No Relatives) and give their Names, Addresses and Phone Numbers

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Signature of Sponsoring Member: \_\_\_\_\_

I solemnly swear that all information given in this application for membership to West Hanover Township Volunteer Fire Company is accurate to the best of my knowledge. I also understand that if it is proven that I intentionally falsified the information provided, I may be rejected for membership without a chance for reapplication. If proof of falsification occurs after being accepted into membership, I also understand that the falsification may be grounds for my expulsion from the West Hanover Township Volunteer Fire Company. Finally, I swear to uphold all fire company By-Laws and Standard Operating Procedures and to treat fire company property with the greatest care.

Please Print Name of Proposed Member: \_\_\_\_\_

Signature of Proposed Member: \_\_\_\_\_

Date: \_\_\_\_\_

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**PERSONAL REFERENCE SHEET**

*(Please Print)*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_

List Any Driving Restrictions: \_\_\_\_\_

Make/Model/Color of Vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

*(Please Include a Copy of your Driver's License If Applying For Firefighting)*

Person to Contact In Case of Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Information

Past Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**JUNIOR FIREFIGHTER PARENTAL APPLICATION**

***TO BE COMPLETED BY PARENTS FOR APPLICANTS 16 & 17  
YEARS OLD***

I \_\_\_\_\_ residing at \_\_\_\_\_  
(PARENT OR GUARDIAN) (ADDRESS AND PHONE #)  
\_\_\_\_\_ give my consent for  
(ADDRESS AND PHONE #)  
\_\_\_\_\_ to join the WHTVFC as a junior member. I also understand  
(NAME OF APPLICANT)  
and agree with the WHTVFC's By-Laws regarding junior members.

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_