## STROUD TOWNSHIP VOLUNTEER FIRE DEPARTMENT

Monroe County, Pennsylvania

Application for membership

I,, being years of age, residing at
Signature Date Phone number
Have you ever been a member of another Fire Department? Yes No
If yes, name and address of Fire Department I understand I will serve as a probationary firefighter for a period of 12 months.
Sign and Date
I understand I will be required to successfully complete the Pennsylvania Fire Fighting
Essentials Course as administered by the PA State Fire Academy.
Sign and Date I am physically fit to perform the duties of a firefighter Yes NoList physical limitations
I am employed as
by:
located at: Phone number of:
Would your employer object to you answering alarms during working hours?
Drivers License #:,; State of:
Classification of Drivers License:
Social Security Number: Last 4 digits
Date of Birth:
By initialing here, you authorize the Stroud Township Fire Department to perform a
criminal history background check on you
By initialing here, you agree to drug / alcohol testing
Have you ever been criminally convicted with arson? Yes No
Do you agree to take a physical examination from our panel list of doctors?
Yes No

## \*The below section is to be completed by Fire Department Personnel only\*

## Proposed by:

Date
To be completed by Fire Department Personnel
Investigation Committee Approved Denied Date
Still
Date application proposed to Membership:
Date application turned over to Membership Committee:
Date committee reported to membership:
Date new member signed constitutional roll:
Date new member sworn in as probationary firefighter:
RESCUE