

**GTVFC POTENTIAL MEMBER PRE-APPLICATION REGISTRATION**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone: (Day)** \_\_\_\_\_

\_\_\_\_\_ **Phone: (Other)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **E- mail Address:** \_\_\_\_\_

**Indicate Preference: Tactical – Firefighter** \_\_\_\_\_ **Tactical-EMT** \_\_\_\_\_

**Administrative:** \_\_\_\_\_ **Cadet:** \_\_\_\_\_

**Cadet Working Papers Yes: No:** \_\_\_\_\_

**Availability: Days:** \_\_\_\_\_ **Evening only:** \_\_\_\_\_ **Weekends only:** \_\_\_\_\_

**Current Skills: Previous Firefighting/EMT experience Yes: No:** \_\_\_\_\_

**CDL: Yes: No: HAZMAT: Yes: No:** \_\_\_\_\_

**Please list below any current certifications you hold and where they were obtained:**

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

**Briefly state below why you wish to join GTVFC:**

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

Greenfield Township Volunteer Fire Company is required by law to comply with ACT 45 – Ambulance Service Management. This act, as well as GTVFC standard operating procedures, requires mandatory drug testing and/or physical screening for certain service positions. All applicants for membership in GTFVC shall be required to undergo complete background investigation. The undersigned applicant shall provide any and all pertinent information requested and hereby agrees and permits GTFVC and the Greenfield Twp. Police to complete any and all aforementioned checks/ tests deemed necessary. All information provided to GTFVC will be held in the strictest confidence.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cadet Parental signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsoring Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registering Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send completed form to:**

**Recruitment Committee, 424 Route 106, Greenfield Township, PA 18407**