

# **RICHLAND TOWNSHIP FIRE DEPARTMENT**

JOHNSTOWN, PA 15904

[www.richlandfire.com](http://www.richlandfire.com)

1321 SCALP AVE.  
814.266.4331

GEISTOWN STATION  
814.266.1997

SOLOMON RUN STATION  
814.266.2249

SHADE STATION  
814.754.5999

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ S.S.# \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

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

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

TYPE OF MEMBERSHIP:

REFERENCES/PHONE #'S:

FIREFIGHTER/FIREPOLICE-\$10.00  
(covers background check)

ACTIVE MEMBER

HAVE YOU **EVER** BEEN CONVICTED OF A CRIME? Y / N

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

ARE YOU PRESENTLY UNDER A PHYSICIANS CARE? Y / N

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

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

PLEASE LIST OR ATTATCH FIREFIGHTING TRAINING:

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

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.

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

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

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