



RELIANCE HOSE CO. NO. 1

240 EAST MAIN STREET

MIDDLEBURG, PA. 17842



APPLICATION FOR MEMBERSHIP

Name _____ Social Security # _____ - _____ - _____

Address _____ Phone _____

City _____ Zip Code _____

Height _____ Weight _____ Married _____ Dependents _____

Date of Birth _____ / _____ / _____ Age _____ Sex _____

1. Are you a resident of Franklin Township or Middleburg? _____
 - a. If no, what Municipality? _____
 - b. Length of Residency _____
2. Occupation _____
 - a. What shift(s) do you work? _____
3. Do you have any physical defects or ailments? _____
 - a. If yes, please explain: _____
4. Have you ever been convicted of a crime? _____
5. Will you attend training sessions as designated by the Fire Company? _____
6. Are you willing and able to make Ambulance runs? _____
7. Are you willing and able to make Fire/Rescue runs? _____
8. Are you willing and able to help with fundraisers? _____
9. Have you ever been a member of any other Fire Department? _____
 - a. If yes, Department Name and address: _____
 - b. Fire Chief of that Department: _____
 - c. Fire Department phone number or Chiefs numbers: _____

NOTE: Any person signing this application should be fully aware of the duties and dangers inherent in the Fire Company.

SPONSOR: _____ SIGNATURE: _____

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Past training or certifications: _____

Beneficiary of death benefits: _____

Signature of Applicant

Signature of President

**If requested, a copy of a recent medical/physical examination is to accompany this form.
(Recent defined as (1) one year.)
A background check will be initiated, if there is any question regarding past history.**

PRIVACY ACT WAIVER

By affixing my signature below, I do hereby waive all my rights under the privacy act.

I am of the total understanding that all records of convictions or other information, if any, relative to my application for membership that are received through this background investigation will be provided to the Executive Committee (Fire Officers and Administrative Officers).

I do acknowledge that I will be afforded the opportunity to comment on any or all the background information that is presented. Similarly, I may choose not to comment on any or all of the material presented prior to the vote upon my membership application by the Executive Board.

I do hereby sign this waiver voluntarily and without duress.

Signature (Full Name)

Date Signed

Signature of Parent/Guardian (if under the age of 18)

Date Signed

NOTE: Any person applying for membership, age 16 or 17, must obtain a work permit from the school that they are attending with all proper signatures required. **This must be submitted with this application.**

A total of \$5.00 for first year's dues is due with this application.

Dues for yearly membership are \$5.00.

Any member wishing to become a life member, upon applying for membership shall pay \$75.00 with this application.