

Fairchance Volunteer Fire Department

31 Pittsburgh St Fairchance, PA 15436

www.fairchancevfd.com

724-564-5070

info@fairchancevfd.com

Application for Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Date of Birth: _____ Age: _____

SS# _____ Phone: _____ Email: _____

Occupation: _____

Place of Employment: _____

List any Fire Related Experience (Email copies to info@fairchancevfd.com or Provide Copies):

Explain Why you want to be a Firefighter:

Beneficiary: _____

Name

Relationship

Signature of Applicant: _____ Date: _____

Guardian Signature: _____ Date: _____

Chiefs Signature: _____ Date: _____

All Applicants are subject to a background check:

I, _____ Agree to let Fairchance Volunteer Fire Department request a criminal background check on me through the Pennsylvania State Police. I also agree to pay all costs associated with the background check. The cost is \$10.00

Maiden Name or Aliases: _____

Signature of Applicant: _____ Date: _____

Signature of Guardian (If Minor) _____ Date: _____

If the applicant is a minor at the time of application, we need the following:

- **Work Permit**
- **Signature of Guardian**
- **A meeting with Guardian and applicant will be required prior to any action of the Department.**

DO NOT WRITE BELOW THIS LINE! FOR FVFD USE ONLY!

Action of Investigating Committee:

Date: _____

Committee Signatures (Need 3 to present to body):

1. _____ 2. _____ 3. _____

Control # _____ Date Background Received: _____

Action of Department:

Date: _____

Yes _____ No _____

2/3 Yes Required to Accept Application

In the event an applicant does not receive 2/3 Yes then the applicant cannot reapply for 1 year from the date of the Vote.