

Upper Milford Western District Fire Co #1
6341 Chestnut St
Zionsville, Pa 18092

APPLICATION FOR ACTIVE MEMBERSHIP
(Please enclose \$4.00 application fee upon submission.)

DATE: _____ Application for: Fire Police # Firefighter #

NAME: _____ SS#: _____ - _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVERS LICENSE: State _____ License#: _____

HOME PHONE: (_____) _____

DOB: ____/____/____ AGE: _____ SEX: M F

MARITAL STATUS: Married _____ Single _____

If married, Spouses name: _____

OCCUPATION: _____ WORK HOURS: _____

EMPLOYER: _____

WORK PHONE: (_____) _____

Can you respond to an alarm from work/school? YES NO

Previous firefighting service? YES NO

If yes, please give details below and provide a copy of any certificates earned
(Fire/EMS/Rescue/etc.)

Please list any special skills/interests helpful to the Fire Company:

1. _____
2. _____
3. _____

MEDICAL INFORMATION

List any present/past medical conditions (e.g.) hypertension, diabetes, allergies, etc.):

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____ 6. _____

List any medications you are on:

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____ 6. _____

Have you had/have any physical conditions/injuries that may limit your performance as a firefighter? If so, please explain. _____

List any other medical history (e.g. surgery, accidents, chronic illnesses, etc.)

In case of an emergency, contact: _____ at
(_____) _____

Signed: _____

Proposed by: _____

OFFICIAL USE ONLY

Membership (to be voted on by the general membership)

Voted on ____ / ____ / ____ For: ____ Against: ____

Accepted Declined Secretary: _____

Extension reason (if applicable):

Active Probationary Membership (to be voted on by the fire officers)

Voted on ____ / ____ / ____ For: ____ Against: ____

Accepted Declined Chief: _____

Reason(s):

Full Active Membership (to be voted on by the general membership)

Voted on ____ / ____ / ____ For: ____ Against: ____

Accepted Declined Secretary: _____

Reason(s):

Review Date: _____