

Commodore Vol. Fire Dept  
410 Musser St.  
Commodore Pa, 15729  
724-254-2060

### APPLICATION FOR MEMBERSHIP AND WAIVER

I, the undersigned, do hereby voluntarily apply for membership in the Commodore Vol. Fire Dept. and relief association of Indiana County, as a probationary member. I certify that I am a citizen of the United States, in good health and that I have no criminal record. I understand that I am completing an application to join this fire department to take active part in the fire/rescue protection of the Green Twp and surrounding communities and that I will be willing to work at any duties given to me by the officers of the department.

I also understand that I must abide by the By-Laws of the Commodore V.F.D. and the Commodore V.F.D. Relief Association. I also understand that I must attend every regular and special meeting and/or practice, answer every general fire alarm and company alarm, as long as I am able and circumstances will permit. I also am aware that if my application is accepted as a probationary member, I will be on probation for 90 days, and must be qualified and trained all within one year. I will return to the department all equipment issued to me, upon voluntary or involuntary termination of my membership.

I am also aware and understand that I may be required to take a physical examination, including drug testing, before final consideration is given to my application. I understand that a Hepatitis B vaccine may also be part of that physical examination. I also hereby release the officers and the members of this fire department from all responsibility for the actions of others involved in this testing.

#### APPLICATION INFORMATION:

Name: \_\_\_\_\_ Home Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Work Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you been a resident of the area? \_\_\_\_\_

Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security# \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of your Spouse: \_\_\_\_\_

Name and ages of children: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

Company Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Explain your work duties: \_\_\_\_\_

Are you permitted to attend fires during working hours: \_\_\_\_\_

Does your occupation require you to be out of town during working hours:

If Yes, give the times of the day: \_\_\_\_\_

And the number of days during the week: \_\_\_\_\_

Were you ever a active member of a fire department: \_\_\_\_\_

If so, please provide the name of the department and the address: \_\_\_\_\_

**\*\*NOTE: TO BE CONSIDERED FOR MEMBERSHIP IF YOU DID/DO BELONG TO ANOTHER DEPARMENT A LETTER OF RECOMMENDATION FROM YOUR PRIOR/PRESENT CHIEF AND COPIES OF ALL TRAINING CERTIFICATIONS ACQUIRED SHOULD ACCOMPANY THIS APPLICATION.**

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Length of Service: \_\_\_\_\_

Reason for termination of membership: \_\_\_\_\_

Do you have any physical defects to keep you from performing the duties of a fireman: \_\_\_\_\_

If so, explain: \_\_\_\_\_

**Vehicle Information:**

Make: \_\_\_\_\_ Model \_\_\_\_\_ Plate #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

PA Operator License #: \_\_\_\_\_ EXP.: \_\_\_\_\_

I verify that the statements made in the foregoing application are true and correct. I understand that false statements, which are made herein, are subject to penalties of PA C.C. 4909 relating to unsworn falsification to authorities.

Sponsors: (Must be active or life member)

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER**

The undersigned recognizes that this application for membership is subject to a police background investigation and NCIC check to be conducted by the Pennsylvania State Police and possibly other law enforcement agencies. I waive any civil cause of action that I may have as a result of said investigation against the Commodore Volunteer Fire Department's, Commodore Relief Association, the Pennsylvania State Police, or against any officers, individually, or collectively, of the above-referred organizations or political subdivisions as consequence of he background investigation. Specifically, the applicant waives any consideration against the Commodore Volunteer Fire Department of Indiana County.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

If applicant belonged to a former fire department were they contacted? YES NO

Who did you talk to, and what type type of reference given by the former fire department?

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Was the applicant interviewed and investigated by the membership committee? YES NO

Does the membership committee approve the applicant for membership to the Commodore Vol. Fire Dept. as a probationary member? YES NO

If no explain reason why? \_\_\_\_\_

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Dates:

Application was received by the department: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application was read to the department: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership present during the interview:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks from interview: \_\_\_\_\_

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Membership contacted former fire department: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department voted for membership: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Vote: ACCEPTED REJECTED

Applicant notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initiated as a probationary member: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gear/Locker/Key/Pager/By-Laws Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gear Number: \_\_\_\_\_