

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: _____

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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?

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? _____

Dates:

Application was received by the department: ____/____/____

Application was read to the department: ____/____/____

Membership present during the interview:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Remarks from interview: _____

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: _____