

Third District Volunteer Fire Company No. 1

1141 HARRISON STREET
BRISTOL, PA. 19007

BUSINESS (215) 788-6214

FAX (215) 788-3115

EMERGENCY 911

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone: ()	
Current address:			
City:	State:	ZIP Code:	
Email Address:	Cell Phone: ()	Date:	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Phone: ()	Fax: ()		
City:	State:	ZIP Code:	
Position:			
EMERGENCY CONTACT			
Name:			
Address:		Phone: ()	
City:	State:	ZIP Code:	
Relationship:			
MEDICAL HISTORY			
Height:	Weight:	Hair Color	Eye Color
Have you been hospitalized in the last three years? Y <input type="checkbox"/> N <input type="checkbox"/> If yes explain:			
List any disabilities or conditions that you have: Example <i>asthma, diabetes, etc</i>			
Are you willing to undergo a physical? Y <input type="checkbox"/> N <input type="checkbox"/>			
Are you currently using any type of drugs or medications? Y <input type="checkbox"/> N <input type="checkbox"/> If yes list them:			
Do you have any alcohol or drug issues? Y <input type="checkbox"/> N <input type="checkbox"/>			

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PERSONAL HISTORY		
Driver's License#:	State:	Expiration Date:
Has it ever been Suspended or Revoked? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes explain	
Ever Been arrested or convicted of a crime? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes explain	
REFERENCES		
Name	Address	Phone
		()
		()
OTHER ORGANIZATIONS		
Have you ever been a member of another organization? If yes which one? Address		
Are you still a member? Y <input type="checkbox"/> N <input type="checkbox"/>		
Have you ever been suspended from the organization? Y <input type="checkbox"/> N <input type="checkbox"/>		
List any positions held in the organization:		
Contact name and phone number of someone in the organization:		
List any hobbies you think would contribute to the fire company:		
SPONSORS (CURRENT MEMBERS OF THE DEPARTMENT)		
Name:	Signature	
Name:	Signature	
AUTHORIZATION		
I authorize the verification of the information provided on this form and give Third District Fire Company No. 1 permission to perform the Pennsylvania State Police Criminal Records Check.		
Signature of applicant:	Date:	

CRIMINAL BACKGROUND CHECK AND RELEASE

Authorization for criminal background check and release of information.

CAREFULLY READ THIS AUTHORIZATION THEN SIGN AND DATE IN INK.

I authorize the Bristol Township Police Department to request criminal record information about me from any/all criminal justice agencies for the purpose of determining my eligibility to serve as a volunteer member of the Third District Volunteer Fire Company.

I understand that information released by the police department is for official use of the Third District Volunteer Fire Company only.

NAME _____
last Name first name middle name

D/O/B _____ SOCIAL SECURITY # _____

CURRENT ADDRESS _____
street town state zip

PREVIOUS ADDRESS _____
street town state zip

SIGNATURE DATE